



TRANSACTIONS of the Canadian Dental Association

DÉLIBÉRATIONS de l'Association Dentaire Canadienne

RK
1
.C36
DENT



INTERIM AND ANNUAL MEETINGS
BOARD OF GOVERNORS
MARCH 30-31 AND AUGUST 24-25

1990

ASSEMBLÉES PROVISOIRE ET ANNUELLE
DU BUREAU DES GOUVERNEURS
LES 30-31 MARS ET LES 24-25 AOÛT

SHELVED
WITH
BOUND
JOURNAL

INTERIM MEETING

BOARD OF GOVERNORS

CANADIAN DENTAL ASSOCIATION

ASSEMBLÉE PROVISoire

DU BUREAU DES GOUVERNEURS

L'ASSOCIATION DENTAIRE CANADIENNE

OTTAWA, ONTARIO

**MARCH 30-31
LE 30-31 MARS**

1990



Digitized by the Internet Archive
in 2025 with funding from
University of Toronto

FORWARD

This book provides a record of the business transacted at the Interim and Annual meetings of the Board of Governors of the Canadian Dental Association, on March 30-31, 1990, and August 24-25, 1990 in Ottawa, Ontario.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors.

During the sessions, reports of Councils, Committees and Sections, etc., are brought to open sessions of the Board, and, although the Chairman may permit any member to speak on any issue, only Board members may vote.

Interim and Annual Meeting

Words appearing in bold both within the body and at the end of the Council, Committee or Section Reports constitute the comments and actions of the Board of Governors.

The purpose of the CDA TRANSACTIONS is to provide members with a record of the policies and decisions of the Board of Governors and the work of the Association's Councils, Committees and Sections.

AVANT-PROPOS

Le présent document contient le compte-rendu des travaux des assemblées, provisoire et annuelle, du Bureau des gouverneurs de l'Association dentaire canadienne, qui ont eu lieu respectivement les 30 et 31 mars 1990, et les 24 et 25 août de la même année, à Ottawa, Ontario.

Tous les membres de l'Association dentaire canadienne sont bienvenus à ces assemblées auxquelles ils peuvent participer.

Les rapports des conseils, des comités et des sections ainsi que d'autres documents sont présentés au cours de séances publiques. Le président peut permettre aux membres de l'Association de s'exprimer sur diverses questions mais seuls les gouverneurs ont droit de vote.

Assemblée provisoire et annuelle

Les textes inscrits en caractères gras dans les rapports des conseils, des comités et des sections, ou à la fin, présentent les observations et les actes posés par le Bureau des gouverneurs.

Les DÉLIBÉRATIONS DE L'ADC ont pour objet de fournir aux membres un compte-rendu des orientations et des décisions prises par le Bureau des gouverneurs ainsi que des travaux des conseils, des comités et des sections de l'Association.

CDA STAFF

K. Allen-McGill, Information Officer
D. Askew, DAT Coordinator
R. Beaulieu, Secretary to the Executive Director
P.R. Crawford, Editor
S. Deziel, Manager - Executive Services
P. Duminy, DID Coordinator
M.S. Giroux, Secretary to the Manager - Executive Services
B. Henderson, Director of Education and Accreditation/ Professional Services
S. Matheson, Associate Director, Education and Accreditation
J.R. Neal, Director of Administration
L. Teteruck, Director of Communications
M. Vaughan, Librarian

OBSERVERS

<u>NAME</u>	<u>AFFILIATION</u>
C.G. Baker	Royal College of Dentists of Canada
B.D. Barrett	Dental Association of Prince Edward Island
D.M. Bonang	Provincial Dental Board of Nova Scotia
M. Boucher	Ordre des dentistes du Québec
K. Butler	Canadian Dental Service Plans Inc.
P. Castonguay	New Brunswick Dental Society
S. Chaney	Association of Prosthodontists of Canada
M. Connolly	Dental Association of Prince Edward Island
B. Conrod	Nova Scotia Dental Association
C.P. Daly	Newfoundland Dental Board
M.N. Deyette	Canadian Forces Dental Services
W. Dunn	Royal College of Dental Surgeons of Ontario
P.M. Edmison	Consultant - Dialogue in Dentistry
J.C. Gillies	Ontario Dental Association
J. Gourley	Newfoundland Dental Association
J. Hentschel	Canadian Fund for Dental Education
B. Knoblauch	College of Dental Surgeons of Saskatchewan
G. Kravis	National Dental Examining Board of Canada
W. Leggett	Ontario Dental Association
W.G. Mabey	Alberta Dental Association
G. MacDonald	Newfoundland Dental Association
A. MacLean	National Dental Examining Board of Canada
E. MacSween	Government Relations Committee - CDA
R.H. McIntyre	Manitoba Dental Association
B. Martinello	Alberta Dental Association
K. Montgomery	Royal College of Dentists of Canada
R. Moran	Royal College of Dental Surgeons of Ontario
K.M. Ozcan	Committee on Student Affairs
D. Pamenter	Nova Scotia Dental Association
M. Peikoff	Manitoba Dental Association
K.F. Pownall	Royal College of Dental Surgeons of Ontario
T. Ramage	Canadian Fund for Dental Education
B. Rocky	College of Dental Surgeons of British Columbia
M. Sarner	Manifest Communications Inc.
J.G. Thompson	New Brunswick Dental Society
R. Thordarson	College of Dental Surgeons of B.C.

CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

OFFICERS & OFFICIALS

Chairman of the Board of Governors
Secretary to the Board of Governors

N.A. Mancini
A.J. Neilson

EXECUTIVE COUNCIL

K.L. Roach, President
J.W. Niedermayer, Past-President
G. Dubé, President-Elect
L.S. Allen, Vice-President

F. Bourassa
B. Dolman
B. Dolansky

B. Sigfstead
R. Smith
R. Wenn

BOARD OF GOVERNORS

ALBERTA

G.R. Sandercock
R.D. Sandilands
B. Sigfstead

NEWFOUNDLAND

E.J. Williams

PRINCE EDWARD ISLAND

R. Wenn

BRITISH COLUMBIA

J. Diggins
L. Rossoff
R. Smith
P.H. Trester

NOVA SCOTIA

I. Vogan

M. Blain
B. Dolman

AFFILIATE (QUÉBEC)

M. Plamondon (absent)

MANITOBA

J. Dillon

ONTARIO

R.M. Balfour
B. Dolansky
W. Glave
J.H. Gryfe
D. Somer
W. Stegglas

SASKATCHEWAN

F.M. Bourassa

NEW BRUNSWICK

R. Murray

CDN. FORCES DENTAL SERVICES

J.F. Begin

STUDENT REPRESENTATIVE

L. Wiltshire

HEALTH & WELFARE

W.R. Bedford

VETERANS AFFAIRS

J.C. Tsafaroff

Recording Secretary: Mrs. S. Burton

COUNCIL/COMMITTEE CHAIRMEN

A. Schwartz (Accreditation)
G.H. Peacock (Constitution & By-Laws)
J. Gryfe (Community & Inst. Dentistry)
M. Eggert (Consumer Products Recognition)
M. Jahjah (Convention)
R. Barolet (Dental Materials & Devices)
J.N. Wright (Dental Specialties)
G. Thompson (Education)
J.R. Brookfield (Ethics)
L. Allen (Government Relations)

P. O'Brien (Information Svcs)
J.E. Durran (Insurance & Inv.)
G. Dubé (Management)
B. Dolansky (Membership)
J. Niedermayer (Nominations)
D.E. MacFarlane (PRUC)
J. Hardie (Publications)
K. Hockley (Student Affairs)
R.N. Hicks (Taxation)
T. Gushue (Third Party)

LEGEND

March 1990

	<u>Page Number</u>
	<u>Report</u> <u>Appendix</u>
EXECUTIVE COUNCIL	
Council Meetings	1
FDI Delegates and Alternate Delegates	1
Appointment of Auditors-Canadian Dentists Insurance Program (CDIP)	2
Mailing Management	2
Working Group - Communications Steering Committee	3
Council on Insurance and Investment (CDSPI)	5
- Establishment of a Trust - CDIP Life Plan Surplus	5
CDIP Life Claim for the Estate of Dr. Charles R. Cooper	6
CDIP Promotional Material - CDA Profile	7
CDSPI Board - Resource Material	7
Professional Liability Insurance - Québec	8 20
1990 Participation Agreement - CDA-QDSA	8
Eligibility - CDIP	10
Adjustments/Improvements to CDIP Plans	10
- 1990 CDA RSP Administrative Fees	
Life Plan Surplus	10
Improvements to CDIP Benefits Plans	11
- Maternity Benefits	
CDA Statement on Supervision Requirements for Dental Hygienists	11
CDA I.D.	11
Appointment Process	11
NDEB Certification Process	11
Ad Hoc Committee Reviewing the Certification Process for Dental Specialists	12
Professional Resource Utilization	12
Infection Control - AIDS	12
Request for By-Law Amendment - Ontario Dental Association	13 55
CDA Priorities	13
Membership and Member Services - Communications	13
Revenue Generation	14
National/Provincial Relations	15
Strategic Planning - Budget Review	15
Ethical Positions in Dentistry/Image of Dentistry and the Dental Profession	15
Electronic Data Interchange	16
Women in Dentistry	16

LEGEND

March 1990

	<u>Page Number</u>	
	<u>Report</u>	<u>Appendix</u>
Board Input to the Planning Session	16	
Annual Elections	16	
CDA Awards	17	
CDA Appointments	18	
President's Activities	19	61
Committee/Council Reports	19	
STANDING COMMITTEES		
Community and Institutional Dentistry	64	71
Consumer Product Recognition	99	
Convention	101	
Dental Materials and Devices	105	
Dental Specialties	109	116
Ethics	131	135
Government Relations	151	156
Information Services Committee	171	177
Management		
Committee Meetings	222	
Audited Financial Statements -	222	231
Canadian Dental Association and		
Canadian Dental Research Foundation		
1990 Budget Review - 1991 Preliminary	223	233
Budget		
1991 Fee Increases	224	
Task Force - CDA Structure Review	224	
Structure of the Management Committee	225	
CDA Expense Policy	226	
CDA Corporate Hotel	227	
Financial Support for Accreditation	227	
- Order of Dentists of Quebec	227	
- National Dental Examining Board	227	
- Royal College of Dental Surgeons	227	
of Ontario		
Affiliate Member Surcharge	228	
CDA Renovations	228	
CDF - Library Funding	228	
CDA Convention	228	
Information Services	229	
EDI - Marketing Plan	229	
Policy Review	229	263
FDI Subscription Fee 1990	230	

LEGEND

March 1990

	<u>Page Number</u>	
	<u>Report</u>	<u>Appendix</u>
CDA Involvement in Regional FDI Section	230	
CFDE Memorial Donation	230	
Cheque Registers	230	
Membership	266	270
Nominations, Awards and Trusts	280	283
Student Affairs	299	
Taxation	303	
Third Party Dental Plans	305	309
- Electronic Data Interchange Sub-Committee	320	323
AD HOC COMMITTEES:		
Professional Resource Utilization	401	403
COUNCIL REPORTS:		
Constitution and By-Laws	404	406
Education and Accreditation	414	
Insurance and Investment	418	424
FDI		
FDI National Treasurer	426	
OTHER DENTAL ORGANIZATIONS:		
The Association of Canadian Faculties of Dentistry	431	
Canadian Dental Assistants' Association	432	
Canadian Dental Foundation	434	
Canadian Dental Hygienists' Association	436	
Canadian Fund for Dental Education	439	
The National Dental Examining Board of Canada	442	
The Royal College of Dentists of Canada	446	
SPECIAL SECTIONS:		
Canadian Academy of Endodontics	449	
Canadian Academy of Oral Radiology	451	
Canadian Academy of Periodontology	453	
Canadian Society of Public Health Dentists	456	

LEGEND

August 1990

	<u>Page Number</u>	
	<u>Report</u>	<u>Appendix</u>
EXECUTIVE COUNCIL		
Council Meetings	459	
Appointment of CDA Auditors	459	
CDSPI - Council on Insurance and Investment	459	
Canadian Dentists' Insurance Program	460	470
- 1989 Financial Statements		
FDI National Treasurer	460	
EDI Committee Structure	460	
QDSA and Co-Sponsorship of CDIP	461	476
Interest on CDIP Life Plan Loan to LTD	462	480
Task Force - CDA Structure Review	463	
Professional Resource Utilization	463	486
Participation Agreement - CDA/QDSA	464	
Eligibility - CDIP	464	
Professional Liability Insurance	464	
- Québec		
CDSPI/Council on Insurance & Investment	465	
CDA/CDSPI Relationship	465	
Special Claims (LTD)	465	
1991 CDA Convention	465	
CDIP Life Claim for Dr. Cooper	465	
Life Insurance Plan Surplus	466	
Advertising in Oral Health	466	
CDA Logo on CDSPI Promotional Material	466	
Honours and Awards	467	
Honorary Membership	467	
Distinguished Service Award	467	
CDA Award of Merit	467	
Request for By-Law Amendment - College of Dental Surgeons of B.C.	467	
Review of Council/Committee Chairpersons and Executive Liaisons	468	
Dental Health Month - Poster Judging	469	
President's Activities	469	489
Council/Committee Reports	469	

LEGEND

August 1990

	<u>Page Number</u>	
	<u>Report</u>	<u>Appendix</u>
STANDING COMMITTEES		
Community and Institutional Dentistry	492	497
Consumer Product Recognition	499	
Convention	503	
Dental Materials and Devices	406	511
Ethics	515	519
Government Relations	537	540
Information Services Committee	543	
Management		
Meetings	550	
Audited Financial Statements	550	
- Canadian Dental Association	550	556
- Canadian Dental Research Foundation	550	588
Commission on Accreditation	551	593
Structure - CDA Management Committee	551	595
1991 Budget Review	552	596
Support for DAT	552	
EDI Expenditures	553	
1991 Per Diem and Honoraria Rates	553	614
Annual Grant to CFDE	553	
Library Services - CDF	553	
Future Direction - CDA Products Recognition	553	
Support for Accreditation	554	
CDA Renovations	554	
Communications Steering Committee	554	
- Composition and Membership		
1990 Planning Session	554	
Building Contingency Reserve Fund	555	
Cheque Registers	555	
Membership	615	619
Nominations, Awards and Trusts	622	627
Publications	683	
Student Affairs	687	691
Taxation	693	701
Third Party Dental Plans	705	710
- EDI Sub-Committee	718	723
AD HOC COMMITTEES		
Certification of Dental Specialists	789	

LEGEND

August 1990

	Page Number	
	Report	Appendix
COUNCIL REPORTS:		
Constitution and By-Laws	796	802
Education	814	823
Insurance and Investment	824	831
OTHER DENTAL ORGANIZATIONS:		
Association of Canadian Faculties of Dentistry	838	
Canadian Dental Assistants' Association	839	
Canadian Dental Foundation	841	843
Canadian Dental Hygienists' Association	855	
Canadian Fund for Dental Education	858	
The Royal College of Dentists of Canada	862	

EXECUTIVE COUNCIL

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Kevin L. Roach, Pembroke - Chairman
Dr. Gilles Dubé, Lachute
Dr. Les Allen, Winnipeg
Dr. Jack W. Niedermayer, Regina
Dr. François Bourassa, Regina
Dr. Bernard H. Dolansky, Ottawa
Dr. Barry Dolman, Montréal
Dr. Bryun Sigfstead, Edmonton
Dr. Ron Smith, Duncan
Dr. Raymond Wenn, Charlottetown

Mr. Jardine Neilson, Executive Director

Coordinator: Mrs. Sandra Deziel

Council
Secretary: Mrs. Suzanne Burton

1. Council Meetings

Since the August 1989 Annual Meeting of the Board of Governors, the Executive Council has met three times - August 26, October 20, 1989, and January 26-27, 1990. The Executive Council Planning Session was held on October 21-22, 1989.

ITEMS REQUIRING BOARD ACTION

2. FDI Delegates and Alternate Delegates

The CDA delegates to FDI World Congresses are, normally, the CDA President and the FDI National Treasurer for Canada. At the 1989 Annual Meeting, the Board appointed Dr. Gilles Dubé as the FDI National Treasurer for 1990; Dr. Dubé will also be CDA President at the time of the FDI Congress in 1990.

RESOLVED:

90.1 THAT the CDA official delegates to the 1990 FDI Congress in Singapore be Dr. Gilles Dubé, CDA President and National Treasurer, and Dr. Jack Niedermayer, CDA Past-President.

THAT the CDA alternate delegates to the 1990 FDI Congress in Singapore be Dr. James N. Wright and Brigadier General J. Fred Begin.

ADOPTED

3. Appointment of Auditors - Canadian Dentists' Insurance Program (CDIP)

RESOLVED:

- 90.2 THAT the firm of Clarke, Henning and Company be appointed auditors for CDIP for 1990.

ADOPTED

The audited financial statements for CDIP for 1989 will not be available prior to the June Meeting of the Executive Council. Governors will be notified of any actions taken by the Executive Council on the approval of these statements.

4. Mailing Management

At the 1989 Annual Meeting, Governors tabled a motion of the Publications Committee recommending that the principle of the sale of mailing labels be endorsed by the CDA. The Board directed that a mechanism to withhold one's name from the mailing list be established in consultation with Corporate Bodies, and that the matter be further reviewed at the 1990 Interim Meeting.

This item was discussed with the Corporate Bodies, latterly at the December Secretaries' Conference. Based on the input received, the establishment of a system to manage national mailings is advisable. The CDA mailing list and labels would not be available for sale, but rather those interested would access a mailing management service provided by the CDA. The service would be managed through Keith Health Care, with mailings being handled through a designated mailing house.

RESOLVED:

- 90.3 THAT the CDA manage mailings of a national scope; and,

THAT provincial Corporate Members who request the CDA to manage provincial mailings will receive net revenues from such mailings; and,

THAT any CDA member who so requests will have his/her name removed from the mailing management process.

ADOPTED

5. Working Group - Communications Steering Committee

The CDA's comprehensive Communication Plan recommended the establishment of a Communications Steering Committee to monitor the implementation of the overall communication activity. The Executive Council reviewed this matter at the 1989 Planning Session and directed Executive Liaisons to communications-related committees to form a Working Group to develop a Communications Steering Committee. The Working Group was further charged with a review of the present structures involved with communications, such as the Committees on Information Services and Publications.

The Working Group met on January 25, 1990, and the following recommendations are presented as a result of its deliberations.

Communications Steering Committee**RESOLVED:**

90.4 **THAT a Steering Committee on Communications be established as a Standing Committee of the Executive Council; and,**

FURTHER, THAT the Steering Committee on Communications be mandated to oversee and coordinate all communications and communications-related activities (such as membership promotion, membership services, publications, marketing and public relations) as they apply to all areas within CDA.

ADOPTED

Formal terms of reference for the Committee will be developed at its inaugural meeting.

RESOLVED:

90.5 **THAT membership be by presidential appointment, and include four (4) members of the Executive Council, and one member of the Management Committee, who will act as Chairman.**

ADOPTED

In addition to expertise and interest in membership and communications, consideration will be given to geographic representation when selecting Committee members.

At least three (3) meetings will be held per year.

Structure Review

The Executive Council agreed that one meeting per year be held with representatives of the Corporate Members, to review CDA's communications initiatives, exchange information and integrate CDA and provincial activities. Representation will be at provincial expense. Attendees should be those who are committed to communication activities in their provincial organizations.

RESOLVED:

- 90.6 THAT the Committee on Information Services be disbanded effective the 1990 Annual Meeting of the CDA, and that its mandate be transferred to the Communications Steering Committee.

ADOPTED

RESOLVED:

- 90.7 THAT the Publications Committee be disbanded, effective the 1990 Annual Meeting, and that its mandate be transferred to the Communications Steering Committee.

ADOPTED

Regular meetings with a representative group of specialty and consulting contributors to the Journal will be held to provide editorial direction to the Publications Department.

Current members of the Membership Services Committee will meet as a Sub-Committee of the Steering Committee on an interim basis, until the duties and responsibilities of the Steering Committee are delineated.

RESOLVED:

- 90.8 THAT the Membership Services Committee become an Ad Hoc Committee of the Communications Steering Committee, and that its responsibilities be transferred accordingly.

ADOPTED

Given Board approval of the proposed new structure, a marketing proposal will be developed for submission to the first meeting of the Steering Committee. This strategy will encompass all relevant CDA communications activities, such as membership, goods and services, marketing dental services to the public, and CDA's image with Corporate Members, and Government.

6. Council on Insurance and Investment (CDSPI)

Drs. Mel Charendoff and Rod Moran of CDSPI Management Committee met with the Executive Council at the January Meeting. The following points of discussion are brought to the Board's attention.

Establishment of a Trust - CDIP Life Plan Surplus

On January 24, 1990, the CDSPI Board of Directors held a Conference Call to consider the impact of changes to the Income Tax Act on interest generated by the Life Plan Surplus. Changes to the Act impact on both the reserves held by our carrier, and the accumulated Life Plan Surplus. With regard to the Life Plan Surplus, current legislation proposes that 100% of the interest earned in a given tax year be taxable at a tax rate of 50-52%. For 1989, Metropolitan Life has identified that a sum of \$400,000 to \$500,000 represents the interest income subject to tax. A tax return must be filed by March 31, 1990.

CDSPI has examined the possibility of distributing the interest income to plan participants in the form of cash or benefits, such as premium holidays or premium reductions. However, all such plan participant benefits would be taxable in the hands of the recipients. CDSPI has indicated that cost and administrative difficulties lead to the conclusion that this solution is not practical.

CDA is a Non-Profit Organization, and as such should remain "at arms length" from tax related to the interest generated by the Life Plan Surplus. The Executive Council feels strongly that continued examination of this matter by CDSPI is urgently required, in order that clarification can be provided on all the implications insofar as the surplus and premium dollars are concerned.

Information received from CDSPI is that the trust would provide a vehicle for paying tax which, if paid directly by CDA, could challenge the CDA's Non-Profit status, and that such a trust would not restrict the Executive Council in its

responsibility for managing these funds. The Executive Council has approved the following motion which was presented as a recommendation of the Council on Insurance and Investment.

The Executive Council requests Board ratification of the motion.

RESOLVED:

- 90.9 THAT the Canadian Dental Association's Executive Council execute a declaration of trust in order to properly handle the interest income earned on the CDIP Life Plan Surplus.

ADOPTED

NOTE: The two Governors representing the corporate member in Québec abstained.

7. CDIP Life Claim for the Estate of Dr. Charles R. Cooper

During the changeover from Laurentian to Metropolitan Life, ineligible individuals were allowed access to CDIP life contracts with Metropolitan Life. This situation resulted from the January 1, 1989 rollover, and failure to question applicants' disability status.

The Executive Council was informed that legal action was pending by the Cooper estate, and that in order to avoid such action, the Cooper estate required a positive response to its claims by January 31, 1990. The following motion was approved by the Executive Council, and is brought to the Board for ratification.

RESOLVED:

- 90.10 THAT contingent upon Metropolitan Life paying one half of the liability resulting from Dr. Charles Richard Cooper's death, the Canadian Dental Association's Executive Council authorizes the payment of the other half of the liability from the CDIP Life Plan Surplus. This is done "without prejudice", and on a hold harmless basis.

ADOPTED

NOTE: The two Governors representing the corporate member in Québec abstained.

The Executive Council is extremely concerned about cases such as that of Dr. Cooper. Council believes that it is imperative that CDSPI legally pursue those responsible for their occurrence. Council further believes that resulting legal and other costs related directly to the administration of CDIP plans, be paid as an operating expense of that administration.

RESOLVED:

- 90.11 THAT the Council on Insurance urgently pursue the legal redress of the responsibility for payment of claims for ineligible individuals holding CDIP life contracts as a result of the January 1, 1989 rollover. The Council should be prepared to report to the CDA Executive Council on the progress of this matter at every Executive Council Meeting until further notice.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

8. CDIP Promotional Material - CDA Profile

Over the past few years, the CDA has communicated with the Council on Insurance and Investment regarding the lack of profile for the CDA and the Corporate Bodies on promotional materials developed for CDIP. CDSPI Management Committee has agreed that promotional materials be forwarded to the CDA for review by the Executive Council prior to publication. CDA looks forward to a significant improvement in future promotional material.

9. CDSPI Board - Resource Material

In order that the CDA give direction to its representatives to the Board of Directors of CDSPI, it has requested that it be provided with Board resource material relating to CDIP and the CDA RSP. This request was made to the CDSPI Management Committee representatives at the January Meeting, and will be put forward for consideration by the CDSPI Board.

10. Professional Liability Insurance - Québec

At the 1989 Annual Meeting, Governors directed the development of a strategy for examining the fragmentation of malpractice insurance in Canada, with immediate emphasis on the current situation in Québec. The Executive Council responded immediately by providing information to the dentists of Canada on this most important issue. All dentists in Québec received a letter from Dr. Gilles Dubé, CDA President-Elect, providing full information on this issue. During two information nights organized by l'Ordre des Dentistes du Québec for discussion of its self-insurance malpractice program, Dr. Dubé presented information to attendees designed to ensure that an informed decision be made. Attendance at these events was unfortunately low. The October issue of the CDA Communiqué provided information on the ramifications of fragmentation of malpractice insurance in Canada.

Notwithstanding the self-insured malpractice insurance program to be instituted by l'ODQ on January 1, 1990, the CDA, through CDSPI, invoiced all dentists in Québec who possessed such CDSPI coverage in 1989 for 1990 malpractice coverage.

A significant number of dentists have chosen to participate in the 1990 CDIP Malpractice Program, and the CDA has written to CDSPI to seek clarification in this regard. The pertinent correspondence is appended.

APPENDIX I

Pending the receipt of the ODQ malpractice master policy, Guardian has instructed CDSPI to return cheques or issue refunds for payments that have been made for malpractice, until the matter is resolved. This action was taken by CDSPI early in February.

11. 1990 Participation Agreement - CDA - QDSA

On October 6, 1989, the CDA forwarded the 1990 Participation Agreement to the QDSA.

Schedule A, Sponsored Plans, to the Agreement included Malpractice Insurance, as the CDA wished to preserve and protect the interests of Québec dentists during the transition to the ODQ program. The CDA letter outlined several situations where it was felt that Malpractice Coverage of certain dentists in Québec might be in jeopardy, if coverage through CDIP was not provided.

The QDSA Board of Directors considered this matter, and passed a resolution recommending that the QDSA not sign the 1990 Participation Agreement inclusive of Malpractice Insurance, and that negotiations continue with the CDA concerning the 1990 Participation Agreement.

In early November Executive Council, on behalf of the Board of Governors, authorized that Professional Malpractice Insurance Coverage be removed from Appendix A of the 1990 Participation Agreement between the QDSA and the CDA. In so doing, the Executive Council recognized the jurisdiction of the ODQ, under the l'Office des Professions du Québec, to require all Québec dentists to participate in its Professional Malpractice Insurance Program, and further recognized that this requirement is parallel to statutory requirements currently in existence in Ontario.

On November 29, 1989 the 1990 Participation Agreement, with Schedule A amended as stated above, was returned to the QDSA for consideration. It was indicated at that time that Section 3 - Participation, and Section 4 - Termination of Participation, would continue to be part of the Participation Agreement. This correspondence was acknowledged by the QDSA Board of Directors, indicating that the QDSA would forward proposals to the CDA on the subject.

On December 18, 1989, the CDA replied stating that the Executive Council was not willing to consider any amendment to the 1990 Agreement forwarded on November 29. Any proposed amendments to the Participation Agreement could be considered only in regard to the 1991 Agreement. The CDA correspondence further stated that as no notice was given under Section 4 of the Agreement, Section 12 - Term, would come into force, unless the signed 1990 Agreement was in the hands of the CDA by December 31, 1989.

APPENDIX II

A response from the QDSA dated December 21, 1989 and received on December 28 requesting Executive Council consideration before December 31, 1989, proposed the inclusion of a new section to the Participation Agreement entitled Cancellation. This proposal was identical to one brought before Governors at the 1989 Interim Meeting. Governors found this proposal unacceptable at that time. The response to the QDSA dated January 8, 1990 and all other pertinent correspondence, is appended.

APPENDIX III

Currently, statistics are being gathered and reviewed to identify the number of Québec dentist participants in CDIP who are not CDA members. CDA has requested CDSPI to inform these participants as to their CDIP status beyond December 31, 1990.

12. Eligibility - CDIP

Executive Council has reviewed procedures regarding eligibility of participants in CDIP, with the goal of tying eligibility to participate to membership in the CDA or a sponsoring provincial association. Direction has been given to the CDSPI Board of Directors in this regard, and further information is found in the report of the Council on Insurance and Investment.

13. Adjustments/Improvements to CDIP Plans - 1990/
CDA RSP Administrative Fees

Since the 1989 Annual Meeting, the Executive Council has approved motions on behalf of the Board related to adjustments and improvements to CDIP plans during 1990, and LTD special claims. The Executive Council was required to act on the Board's behalf, in order that these changes to the plans could be publicized and instituted during 1990. These motions were circulated to Governors on October 31, 1989, and are found in the report of the Council on Insurance and Investment, for information.

Similarly, the Executive Council has approved recommendations from the Council on Insurance and Investment with regard to the CDA RSP Administration Fees. These recommendations are presented for Board ratification in the report of the Council on Insurance and Investment.

14. Life Plan Surplus

Under the terms of the Participation Agreement, the Executive Council is required to review the Life Plan Surplus and make decisions as to its distribution. As previously reported to the Board, the 1988 Financial Statements regarding the CDIP Life Plan were not available for review by Executive Council at its June 1988 Meeting. The 1988 Statements have now been received and reviewed by the CDSPI Board. These statements indicate that the CDIP Life Plan had a deficit during 1988, and no surplus existed to be considered by the Executive Council for distribution.

The status of any 1989 Surplus will be considered by Executive Council at its June Meeting in 1990.

15. Improvements to CDIP Benefits Plans - Maternity Benefits

Improvements to CDIP Benefit Plans effective January 1, 1990 included the introduction of a Maternity Leave Benefit under the Office Overhead Expense Plan. The Executive Council has requested clarification concerning the access to coverage by female dentists who are associates in dental practices. The Executive Council has been informed that CDSPI will give this matter further consideration at its April Board Meeting.

16. CDA Statement on Supervision Requirements for Dental Hygienists

The CDA Statement on Supervision Requirements for Dental Hygienists was reviewed by the Executive Council, in light of discussions with individuals involved in public health dentistry, and the Canadian Dental Hygienists' Association. The statement has also been examined by the Committee on Community and Institutional Dentistry, and a revision to the statement is presented in that Committee's report to the Board.

17. CDA I.D.

The Executive Council has approved a new identification for the CDA. The new I.D. will be introduced to the Board at the 1990 Interim Meeting.

18. Appointment Process

Following each Annual Meeting, the CDA President makes appointments and re-appointments of Chairpersons to CDA Councils and Committees. As well, CDA representatives to the CDSPI Board are appointed or re-appointed for another one year term. At the June Pre-Board Executive Council Meeting, Council will provide input to the process, for consideration by the President.

19. NDEB Certification Process

The NDEB has established a Task Group to explore the acceptability of granting of an NDEB Certificate on the basis of Accreditation alone.

The CDA, at the request of the NDEB, has named Dr. Arthur Schwartz, Chairman of the Council on Education and Accreditation, to represent the CDA as its representative on the Task Group.

The Executive Council is optimistic that the Task Group will allow wide circulation of discussion papers, in order that recommendations forthcoming would have taken into consideration input from all concerned organizations.

20. Ad Hoc Committee Reviewing the Certification Process for Dental Specialists

Discussion Paper #2 produced by the Ad Hoc Committee reviewing the Certification Process for Dental Specialists has been given wide circulation, and input and comments received will be reviewed by the Committee at its next meeting. It is expected that recommendations to the Board will be made to the 1990 Annual Meeting.

21. Professional Resource Utilization

Professional resource utilization was discussed by the Executive Council at the 1989 Planning Session. Discussions centered on how best to direct CDA's activities, and allocation of resources to achieve optimum impact on the situation.

The Executive Council decided that it is not productive to proceed with the updating of the manpower supply and demand studies, as recommended by the Professional Resource Utilization Committee. However, Council did deem it necessary to establish a forum for full discussion and examination of the CDA's present and projected activities on this important issue.

The agenda for the Interim Meeting of the CDA Board of Governors allows a one-half day for discussion of the views and concerns of Corporate Members, and other concerned organizations.

22. Infection Control - AIDS

The CDA has taken a leadership role with its policies and guidelines on infection control and AIDS. Provision of appropriate treatment for infectious patients remains a prime concern of the CDA. The Committee on Community and Institutional Dentistry has been requested to re-examine the issue, particularly as it relates to attitudes and current practices in the dental office. The Committee was also requested to identify other potential CDA initiatives in the area of infection control and treatment of the infectious patient.

23. Request for By-Law Amendment - Ontario Dental Association

On January 24, 1990, the CDA received notice from the Ontario Dental Association requesting an amendment to the CDA By-Laws.

The Executive Council reviewed this request, and referred it to the Council on Constitution and By-Laws for comment and recommendation.

APPENDIX IV

As required under Article 27 - Section 1 - Amendment of By-Laws, the proposed amendment has been circulated to the Chairman and members of the Board of Governors, CEO's of Corporate Members and the Chairman of the Council on Constitution and By-Laws, with notice that the By-Law amendment will be considered at the 1990 Annual Meeting.

24. CDA Priorities

At its 1989 Planning Session, Executive Council reviewed current priorities and identified areas which require heightened emphasis. In addition, the meeting focused on issues and concerns of a long-range nature, and planned actions necessary to position the CDA to manage them effectively.

Membership and Member Services, Communications, Revenue Generation, Budget Review and Strategic Planning, National-Provincial Relations, Long-Term Planning and Policy Review, Liability Insurance Coverage, Ethical Positions in Dentistry, Information Services, the Image of Dentistry and the Dental Profession, and Third Party Activities were identified as major priorities.

These priorities were examined both in relation to their current resource needs, and long-range activity and resource requirements. Several of the foregoing priorities are inter-related, and were reviewed on this basis.

25. Membership and Member Services - Communications

The Corporate and individual members are the Canadian Dental Association. The Executive Council recognizes the fine efforts of the corporate bodies on the promotion of the CDA in the provinces, and looks to all of its component parts to assist in ensuring that the national association continues to grow and remain strong.

The major challenge facing the CDA as it heads into the 1990's, will be its capacity to retain its current membership levels, and attract and hold new members. The Communication Strategy, as it moves to the implementation stage, is the primary tool which will enable the CDA to meet this challenge. All future communications of the CDA will incorporate a membership message. CDA services, activities, achievements, and presence will be marketed to the profession on a continuing and regular basis.

The benefits of a membership network at the grass roots level in Ontario and Québec will be further examined. Enhanced emphasis will be placed on visits to component societies in the voluntary provinces. In addition, CDA must also be marketed appropriately in the mandatory provinces. The goal of the future is that CDA membership will be considered mandatory by every forward-thinking and concerned dental health professional, regardless of provincial statutory requirements.

As referred to earlier in this report, the establishment of a Communications Steering Committee is recommended. The Steering Committee will be charged with monitoring the implementation of the overall communication activity.

The Executive Council endorsed the concept that the Communiqué is a membership benefit, and that only in compelling circumstances will it be sent to non-members. The Journal will continue to be forwarded to all dentists in Canada for reasons of economics; however, it will be utilized as a marketing tool for CDA membership.

The results of the membership campaign for 1990 will be utilized to develop a strategic plan. The CDA Annual Review (Annual Report) formed an integral part of the 1990 Membership Campaign.

26. Revenue Generation

The CDA will continue to work towards a more comfortable balance between dues and non-dues revenue. The optimal balance is to have non-revenue sources of funding represent 40% of the CDA's funding requirements. The Affinity Card Program is being examined to broaden its purchasing application. The new Professional Recognition Program has enhanced revenue generating potential. These are but two examples of recent programs and activities of the CDA which have, and will continue to improve the revenue generation picture.

27. National/Provincial Relations

Executive Council reinforced the necessity of improving the quality of communications between the CDA and the corporate bodies. Organized dentistry at all levels has common concerns and goals; joint efforts toward the good of the public and the profession must be nurtured. Regular meetings between the Executives of the CDA and the corporate bodies will be targeted.

28. Strategic Planning - Budget Review

Refinement of the CDA strategic planning and budgetary process is an ongoing priority. Heightened emphasis has been placed on long range planning.

The January 1990 Executive Council Meeting encompassed budget planning and determined the requirement and defined the amount of the 1991 fee increase, allowing a one-year notice to corporate bodies.

The refinement of the planning process will continue to support adequate notice of fee increases, and flexibility to allocate resources to confirmed and adjusted priorities.

29. Ethical Positions in Dentistry/Image of Dentistry and the Dental Profession

The Executive Council has given a high priority to the development of ethical positions in dentistry, and the enhancement of the image of the dental professional as a caring health provider. The CDA Dental Patients Charter of Rights was developed as an educational tool with this goal in mind. The provision of information in this regard is an important component of the CDA communications strategy, targeting both the public and the profession.

Additional funds have been allocated to the Committee on Ethics in order that it may proceed with its review and revision of the CDA Code of Ethics. The Executive Council has further directed the Committee on Ethics to proceed with the development of a CDA statement on professional advertising.

Public health concerns outside dentistry will continue to be monitored, and where valid supported through representation to Government and other appropriate actions.

30. **Electronic Data Interchange**

The Third Party Dental Plans Committee, through its EDI Sub-Committee, continues to proceed with the development and implementation of a national dental EDI system. The Executive Council has stressed the importance of a strong national EDI program, through which all members of the dental profession may benefit. Further information on the progress of EDI is contained in the report of the EDI Sub-Committee.

31. **Women in Dentistry**

The Executive Council will continue to support initiatives which enhance and encourage the involvement in organized dentistry of women in the dental profession. Corporate members are requested strongly to consider this priority when making nominations to positions on the CDA Board, Councils and Committees.

32. **Board Input to the Planning Session**

During the Question Period at the 1989 Annual Meeting, Management Committee agreed to consider a question concerning the provision of input to the Planning Session by members of the Board. Executive Council has endorsed the importance of input from Governors, and believes that the mechanism exists through the Executive Council members. In addition, a direct mechanism of providing written comments is available through response to the CDA President's annual letter soliciting input to the Planning Session. The Executive Council encourages all Board members to pursue these avenues of participation.

33. **Annual Elections**

The scheduling of elections which occur during the Annual Meeting will be announced at the commencement of each Annual Meeting. It is considered preferable that elections be held following a refreshment or luncheon break, to allow Board members adequate time for review and discussion.

34. CDA Awards

Executive Council has reviewed recommendations for awards brought forth by the Sub-Committee on Honours and Awards. Executive Council has agreed with a recommendation of the Sub-Committee, that all individuals completing a term of service be forwarded a Letter of Appreciation from the President, regardless of the fact that their service may continue in another capacity.

The following awards have been granted by the Executive Council:

Certificate of Merit

Dr. Henry Dick
Dr. Colin Foster
Dr. Bruce Graham
Dr. F. Al LaBounty
Dr. Victor Legault
Dr. M. Leitch
Dr. Edmund MacInnis
Miss Jackie Roberts

Letters of Appreciation have been forwarded to the following:

Letters of Appreciation

Dr. Ralph Brooke
Col. Morley Deyette
Dr. Neil Farrell
Dr. A.D. Fletcher
Ms. Margery Forgay
Dr. H.L. Goldberg
Dr. Jack Gryfe
Dr. Lornce Harder
Dr. John Hardie
Dr. Dana Herberts
Dr. G. Lafrenière
Dr. Mike Lasko
Dr. J.H.P. Main
Dr. David Murphy
Mrs. Marlene Paquin
Dr. Gale D. Rocky
Dr. Robert Salois
Dr. Madelaine Shildkraut
Dr. Charles Tessier
Dr. Gordon Thompson
Dr. Jack Thompson
Dr. Robert Turcotte

35. CDA Appointments

Since the 1989 Annual Meeting, the President, Dr. Roach has made the following appointments:

- Dr. Ron Smith of Duncan, B.C. has been appointed as the B.C. representative to Executive Council, to fill the unexpired term of Dr. Don MacFarlane.
- Dr. Les Allen of Winnipeg, Manitoba, has been appointed Chairman of the Government Relations Committee and the Sub-Committee on Medical Services Branch.
- Dr. Bernard Dolansky of Ottawa, Ontario has been appointed Chairman of the Membership Services Committee, and Chairman of the EDI Sub-Committee.
- Dr. Jack Niedermayer of Regina, Saskatchewan has been appointed Chairman of the Committee on Nominations, Awards and Trusts.
- Dr. Toby Gushue of St. John's, Newfoundland has been appointment Chairman of Third Party Dental Plans Committee.
- Dr. Gordon Thompson of Edmonton, Alberta has been appointed Chairman of the Council on Education, to take effect at the first meeting of Council to be held June, 1990.
- Dr. Jack Gryfe of Weston, Ontario has been appointed Chairman of the Committee on Community and Institutional Dentistry.
- Mr. Kevin Hockley of London, Ontario has been appointed Chairman of the Committee on Student Affairs.
- Dr. Ron Markey of Richmond, B.C. has been appointed CDA member at large to the CDSPI Board, effective January 1, 1990.
- Dr. Raymond Wenn of Charlottetown, P.E.I. has been appointed CDA representative to the CDSPI Board in his capacity of Executive Liaison to the Council on Insurance and Investment, effective January 1, 1990.
- Colonel Morley Deyette of Ottawa, Ontario has been appointed to the Committee on Ethics to fill a vacancy created by the expired term of Dr. Michael Lasko.

Dr. Gilles Dubé of Lachute, Québec has assumed the chairmanship of the Management Committee by virtue of office.

36. President's Activities

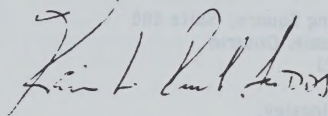
The schedule of activities of the President is appended for information.

APPENDIX V

37. Committee/Council Reports

Executive Council has reviewed Committee and Council reports as appended, and other matters requiring Board action follow therein.

Respectfully submitted,



Kevin L. Roach, B.Sc., D.D.S.
Chairman

FILING OF REPORT

The Board of Governors accepts the report of Executive Council with appreciation.



APPENDIX I

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE EXECUTIVE DIRECTOR / CABINET DU DIRECTEUR GÉNÉRAL

BY FACSIMILE

December 20, 1989

Mr. Kingsley Butler
Executive Vice-President
CDSPI
2 Lansing Square, Suite 600
Willowdale, Ontario
M2J 4Z3

Dear Kingsley,

This letter is to put forward CDA Management Committee's feelings with regard to Quebec dentists seeking participation in the Malpractice Insurance Policy under CDIP.

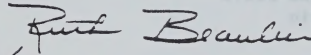
1. Management feels that all CDA members should have access to CDIP plans on request. To deny participation could be seen as an abandonment of the membership with regard to their benefits.
2. This being said, Management would like clarification from CDSPI on the "first call provision". Can Management assume that if the first call provision applies to the ODQ Malpractice Plan, CDIP would then be responsible for the second million dollars of coverage? Would the "second call" be considered supplementary insurance? If this is the case, would the fact that CDIP is the second call mean that a lower premium would be required than if CDIP were first call?
3. Management would appreciate clarification of the legal parameters covering the "first" and "second call", under insurance law. Specifically, does the fact that CDIP declares itself as second call deny the ODQ the right to also declare itself as second call? In this case would it be the courts who decide responsibility for first and second call responsibilities?

.. /2

4. Management would also appreciate CDSPI providing a letter to all CDIP participants in Quebec, outlining the potential consequences and rights of CDIP Malpractice Plan participants taking the decision to take dual coverage. Management would appreciate the opportunity of reviewing this letter before circulation.

An early reply to the above request would be appreciated.

Sincerely yours,



Jardine Neilson
Executive Director

for



**Canadian
Dental
Service
Plans Inc.**

Suite 600, 2 Lansing Square
Willowdale, Ontario
M2J 4Z3

Metro Toronto
Telephone: 497-7117

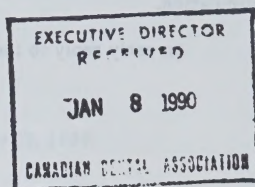
Western Canada, Atlantic Canada
Ontario Area Code 807
1-800-268-5418

Quebec and Ontario: Except Area Code 807
1-800-268-3411

Office of the Executive Vice-President

January 4, 1990

Mr. A. Jardine Neilson
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6



Dear Jardine

Re: Continuing CDIP Malpractice Insurance for Dentists in Quebec

Your letter of December 20, 1989, putting forward the feelings of the CDA Management Committee with regards to Quebec dentists seeking participation in CDIP Malpractice, was forwarded to Guardian for their comments.

Because of the holidays, I did not receive any information from them until January 3, 1990.

In relation to question #1, Guardian has indicated that there is no problem with CDIP providing the access referred to. They would leave the current Malpractice contract wording unchanged for 1990, and continue on with business as usual.

In connection with questions asked under items #2, #3 and #4 of your letter, as indicated to you during our telephone conversation of January 4, 1990, Guardian is hesitant to respond to these without knowing the exact wording of the ODQ policy. Any answers they could provide would be speculation, and it would be much better if a copy of that contract could be obtained so that we could look at actuals, rather than guesses. As you indicated to me, you will attempt to obtain a copy of this contract and if successful forward it to me. Once we have the wording, we will then be able to respond more accurately to CDA management.

I look forward to receiving the document from you.

Yours truly

Kingsley D. Butler, C.A.
Executive Vice-President

KDB/dcd

neilson4a/kdb/mw2



**Canadian
Dental
Service
Plans Inc.**

Suite 600, 2 Lansing Square
Willowdale, Ontario
M2J 4Z3

Metro Toronto
Telephone: 497-7117

Western Canada, Atlantic Canada
Ontario Area Code 807
1-800-268-5418

Quebec and Ontario: Except Area Code 807
1-800-268-3411

Office of the Executive Vice-President

January 26, 1990

Mr. A. Jardine Neilson
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Jardine

Re: Continuing CDIP Malpractice Insurance for Dentists in Quebec

Further to my letter of January 4, 1990, on this subject, as you know we are in a position where we are unable to answer any of your questions further per your letter of December 20, 1989, until Guardian can look at the ODQ policy.

You are aware of this, our broker is aware of this and Guardian is aware of this. However, it has been necessary for Guardian, as the insurer, to instruct us, as the administrator, to take some action regarding the cheques we have in our office for payment of premium for this type of coverage so that it is not perceived by the individuals that they, in fact, do have coverage for malpractice through CDIP.

Attached is a copy of a letter from Guardian to our broker, which has been forwarded to us. As you can see, they are instructing us to return cheques or issue refunds for payments that have been made for malpractice until the matter is resolved. At that time we will then be in a position to write to these individuals, indicating that they can or cannot have the coverage, depending on the decisions.

At this time we have no alternative but to follow these instructions in order to not be perceived as having provided coverage. As these individuals are licensed dentists in Quebec, if they have paid their licensing fee for 1990, they certainly have malpractice coverage. Therefore, implementing this refund procedure will not leave these people without coverage.

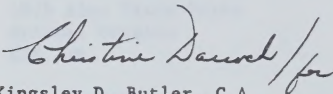
Mr. A. Jardine Neilson

Page 2

January 26, 1990

I look forward to receiving a copy of the ODQ policy when it becomes available, in order that we can answer your previous questions and look at resolving this matter in the future.

Yours truly



Kingsley D. Butler, C.A.
Executive Vice-President

KDB/dcd

cc Dr. R. J. Markey
Dr. R. Wenn
Mr. J. M. Clancy

neilson26/kdb/mw3



GUARDIAN INSURANCE

COMPANY OF CANADA

SPECIAL ACCOUNTS DIVISION: Guardian of Canada Tower, 181 University Avenue, Toronto, Ontario M5H 3M7

CORRESPONDENCE: Post Office Box 4096, Station "A", Toronto, Ontario M5W 1N1

TELEPHONE: 941-3050

TELEX 06-22412

FAX: 941-9738

FACSIMILE MESSAGE

TO: F. Wallace Clancy & Son

PAGE: 1 OF 1 PAGES

ATTENTION: Mr. Michael Clancy

DATE: January 18, 1989.

FAX NO: 368-3894

FROM: MIKE STINSON
SPECIAL ACCOUNTS BRANCH

IF TRANSMISSION IS NOT COMPLETE, OR OF POOR QUALITY, PLEASE NOTIFY US IMMEDIATELY AT 941-5253.

RE: CDA/CDSPI - QUEBEC MALPRACTICE - PAYMENTS FROM CDA MEMBERS - REQUEST
FOR GUARDIAN INSTRUCTIONS

Dear Mike:

As discussed with Mr. Peter McLuskey on Tuesday January 16, action should be taken immediately on payments from CDA members. For those who are buying Malpractice only, the cheques should be returned. For those buying Malpractice plus other coverages, the cheque should be cashed and a refund cheque issued for the Malpractice.

Yours truly,

Mike Stinson
Underwriting Manager
Special Accounts Branch

9001-18(6)



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE EXECUTIVE DIRECTOR / CABINET DU DIRECTEUR GENERAL

le 18 décembre 1989

Docteur Claude Chicoine
Président et directeur général
Association des Chirurgiens
Dentistes du Québec
425, boul. de Maisonneuve
Pièce 1425
Montréal (Québec)
H3A 3G5

Cher docteur Chicoine,

J'accuse réception de votre lettre du 5 décembre 1989, laquelle accuse réception de ma lettre du 29 novembre 1989 et du texte de l'Entente de participation entre l'ADC et la ACDQ pour 1990.

Vous y indiquez que l'ACDQ enverra à l'ADC des propositions à ce sujet. Je dois vous informer, par la présente, que le Conseil exécutif n'est pas disposé à examiner quelque modification que ce soit à l'Entente de 1990 dont le texte vous a été envoyé le 29 novembre. Toute modification ne pourra être considérée que pour l'Entente de 1991. A cet effet, nous portons à votre attention la disposition suivante de l'Entente de 1989 intervenue entre l'ADC et l'ACDQ, à savoir:

Article 12 - Durée

"La présente entente est en vigueur pour une période d'une année, se terminant le 31 décembre 1989. Sans être tenus de le faire, l'ADC et le co-parrain peuvent, avant le 31 décembre 1989, conclure une entente de 1990 pour une durée subséquente d'un an selon les modalités déterminées par lesdites parties. Si aucune entente de cette nature n'est conclue, la présente entente demeurera en vigueur et aura plein effet jusqu'au 31 décembre 1990, à moins qu'un avis en vertu de l'article 4 des présentes ne soit donné par le co-parrain avant le 1er avril 1989 en ce qui concerne tous les régimes parrainés, et le co-parrain sera réputé avoir donné le 1er avril 1990 un avis d'annulation de parrainage en ce qui concerne tous les régimes parrainés."

.../2

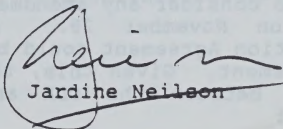
Comme aucun avis n'a été présenté en vertu de l'article 4 de l'Entente de participation, l'article 12, cité ci-dessus, prend effet et, à compter du 31 décembre 1990, il n'y aura pas d'Entente de participation entre l'ADC et l'ACDQ pour aucun des régimes du RADC qui sont énumérés à l'annexe "A" de l'entente de 1989.

Pour que tout soit bien clair, l'ADC doit avoir l'Entente de 1990 dûment signée en main avant le 31 décembre 1989 afin de permettre à l'ACDQ de maintenir sa participation après le 31 décembre 1990.

Vous nous obligeriez en vous assurant que le conseil exécutif de l'ACDQ examine les dispositions ci-dessus avant le 31 décembre 1989.

Veuillez agréer l'expression de nos meilleurs sentiments.

Le directeur général,



Jardine Neilson

c.c.: Conseil exécutif
M. Kingsley Butler, vice-président
et chef du direction du CDSPI
Drs. J.N. Wright et R. J. Markey, représentants
des membres de l'ADC

/rb

TRANSLATION

December 18, 1989

Docteur Claude Chicoine
Président et directeur général
Association des Chirugiens
Dentistes du Québec
425, boul. de Maisonneuve
Pièce 1425
Montréal (Québec)
H3A 3G5

Dear Dr. Chicoine:

I have received your letter of December 5, 1989, acknowledging receipt of my letter to you of November 29, 1989, and the 1990 Participation Agreement between the CDA and the QDSA.

You indicate that the QDSA will be forwarding to the CDA proposals on this subject. With regard to that intention, I hereby inform you that the Executive Council of the CDA is not willing to consider any amendment to the 1990 Agreement forwarded to you on November 29. Any proposed amendments to the Participation Agreement could be considered only in regard to the 1991 Agreement. Given this, the following provision of the 1989 Agreement between the CDA and the QDSA is brought to your attention:

Section 12 - Term

"This agreement shall continue in full force and effect for a one year period, ending on December 31, 1989. Prior to December 31, 1989 CDA and the Co-Sponsor may, but are under no obligation to, enter into a 1990 Agreement for a further term of one year upon such terms and conditions as such parties may agree. In the event that no such agreement is entered into this agreement shall, unless a notice under section 4 hereof was given by the Co-Sponsor before April 1, 1989 in respect of all of the Sponsored Plans, continue in full force and effect until December 31, 1990 and the Co-Sponsor shall be deemed to give notice of termination of sponsorship of all of the Sponsored Plans on April 1, 1990".

- 2 -

As no notice was given under Section 4 of the Participation Agreement, the above quoted Section 12 comes into force, and as of December 31, 1990, there will be no agreement between the CDA and QDSA for participation in any of the CDIP plans listed on Schedule "A" of the 1989 Agreement.

To be absolutely clear, CDA must have the signed 1990 Agreement in its hands by December 31, 1989, in order to allow continued participation by the QDSA beyond December 31, 1990.

I would ask you to ensure that the foregoing provisions are considered by the QDSA Executive Council, prior to December 31, 1989.

Sincerely yours,

*French version
signed by .*

Jardine Neilson
Executive Director

c.c.: Executive Council

Mr. Kingsley Butler, Executive Vice-President, CDSPI
Drs. J.N. Wright and R.J. Markey, CDA member at large

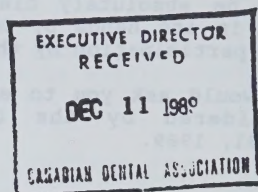
/msg



*Association
des chirurgiens dentistes
du Québec*

Montréal, le 5 décembre 1989

Monsieur Jardine Neilson
Directeur général
Association dentaire canadienne
1815, promenade Alta Vista
Ottawa, Ontario
K1G 3Y6



Monsieur Neilson,

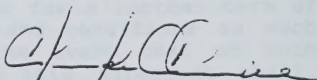
J'accuse réception de votre note de service du 14 novembre 1989 accompagnée d'un avis de Me Beth Moore ainsi que de l'entente de participation jointe à votre lettre du 29 novembre 1989.

Le conseil exécutif de l'A.D.C. propose de signer l'Entente de 1990 en retirant de l'annexe A le régime d'assurance responsabilité civile et professionnelle.

Comme vous le mentionnez, le conseil d'administration de l'A.C.D.Q. a mandaté l'exécutif pour poursuivre les discussions et l'A.C.D.Q. vous fera donc parvenir des propositions à ce sujet.

Veuillez agréer, Monsieur Neilson, l'expression de mes sentiments les meilleurs.

Le président,


Claude Chicoine, d.d.s.

CC/slf

UNOFFICIAL TRANSLATION

Quebec Dental Surgeons Association

Montreal, December 5, 1989

Mr. Jardine Neilson
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Mr. Neilson,

This will acknowledge receipt of your memo of November 14 and the attached notice from Beth Moore, as well as the Participation Agreement accompanying your letter of November 29, 1989.

CDA's Executive Council proposes that the 1990 Participation Agreement be signed with the Professional Malpractice Insurance coverage removed from Schedule A of this agreement.

As you mention, the QDSA Board of Directors has authorized its executive to continue discussions and, therefore, QDSA will be forwarding to you proposals on this subject.

Sincerely yours,

Claude Chicoine
President



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE EXECUTIVE DIRECTOR / CABINET DU DIRECTEUR GÉNÉRAL

le 29 novembre 1989

Docteur Claude Chicoine
Président et directeur général
Association des Chirurgiens
Dentistes du Québec
425, boul. de Maisonneuve
Pièce 1425
Montréal (Québec)
H3A 3G5

Cher Docteur,

Merci de votre lettre du 1^{er} novembre 1989, dans laquelle vous répondez aux préoccupations que l'ADC avait exprimées concernant l'intérêt des dentistes québécois pendant la période de transition au Régime d'assurance responsabilité civile et professionnelle de l'Ordre des dentistes du Québec. Nous avons formulé ces préoccupations en vous présentant l'Entente de participation de 1990 pour votre signature.

Le Conseil exécutif a pris connaissance de votre réponse et, de fait, vous aurez déjà reçu, à ce moment-ci, mon aide-mémoire du 14 novembre 1989 qui décrit les mesures qu'il a prises. Au nom du Bureau des gouverneurs, l'Exécutif a autorisé le retrait du Régime d'assurance responsabilité civile et professionnelle de la liste qui paraît en annexe A de l'Entente de participation de 1990 entre l'ACDQ et l'ADC. Ce faisant, le Conseil exécutif reconnaît la compétence que l'ODQ a reçue de l'Office des professions du Québec d'exiger que tous les dentistes de la province participent à son régime d'assurance responsabilité civile et professionnelle. Il reconnaît également que cette exigence se compare à celle que les lois autorisent actuellement en Ontario.

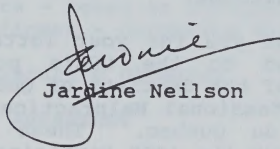
Vous trouverez donc ci-joint, en trois exemplaires, l'Entente de participation de 1990 dont l'annexe A a été modifiée pour en exclure le Régime d'assurance responsabilité civile et professionnelle. Vous constaterez aussi que les articles 3, Participation, et 4, Cessation de la participation, demeurent.

Veuillez signer les trois exemplaires et y apposer votre sceau, puis nous en envoyer deux avant le 22 décembre 1989.

Le CDSPI doit avoir reçu les ententes de 1990 dûment signées avant le 31 décembre 1989.

Vous remerciant de votre attention, je vous prie d'agréer l'expression de ma haute considération.

Le directeur général,


Jardine Neilson

Pièces jointes

/msg

TRANSLATION

November 29, 1989

Dr. Claude Chicoine
Président et directeur général
Association des Chirugiens
Dentistes du Québec
425, boul. de Maisonneuve
Pièce 1425
Montréal (Québec)
H3A 3G5

Dear Dr. Chicoine:

Thank you for your letter of November 1, 1989, in which you respond to the CDA's points of concern regarding the interests of the dentists of Québec, during the transition period to the Professional Malpractice Insurance Program of l'Ordre des dentistes du Québec. These concerns were expressed when I forwarded you the 1990 Participation Agreement for signature.

Your response has been reviewed by the CDA Executive Council. In fact, you will by now have received my memorandum of November 14, 1989, which outlines the action taken by the Executive Council. On behalf of the Board of Governors, Council has authorized that Professional Malpractice Insurance coverage be removed from Appendix A of the 1990 Participation Agreement between the QDSA and the CDA. In so doing, the Executive Council has recognized the jurisdiction of the ODQ, under the Office des professions du Québec, to require all Québec dentists to participate in its professional malpractice insurance program, and has recognized that this requirement is parallel to the statutory requirement currently in existence in Ontario.

Enclosed are copies of the 1990 Participation Agreement between the QDSA and the CDA, with Schedule A amended to exclude Professional Malpractice Insurance coverage. It should be noted that Section 3 - Participation, and Section 4 - Termination of Participation, would continue to be part of the Participation Agreement.

Would you please sign and seal all three (3) copies of the 1990 Agreement, and return two (2) of them to the CDA not later than December 22, 1989.

Completed 1990 Agreements, duly signed, must be in the hands of CDSPI no later than December 31, 1989.

Sincerely yours,

Jardine Neilson
Executive Director



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE EXECUTIVE DIRECTOR / CABINET DU DIRECTEUR GENERAL

M E M O R A N D U M

November 14, 1989

TO: Chairman and Members - Board of Governors
Chief Executive Officers - Corporate Members

FROM: Jardine Neilson, Executive Director *J. S. Neilson*

SUBJECT: 1990 Participation Agreement

On October 6, 1989, the CDA forwarded the 1990 Participation Agreement to the QDSA.

Schedule A, Sponsored Plans, to the Agreement, included Malpractice Insurance, as the CDA wished to preserve and protect the interests of the dentists in Québec during the transition to the ODQ program. Our letter outlined several situations where we felt malpractice coverage of certain dentists in Québec might be in jeopardy, if coverage through CDIP was not provided.

The QDSA Board of Directors considered this matter at a recent meeting, and passed a resolution which states that the QDSA not sign the 1990 Participation Agreement inclusive of malpractice insurance, and that appropriate discussion will continue with the CDA concerning the 1990 Participation Agreement.

Section 3 - Participation, and Section 4 - Termination of Participation, state as follows:

Section 3 - Participation: "Subject to termination pursuant to Section 4, the Co-Sponsor shall participate in the sponsorship of each of the Plans listed in Schedule A."

Section 4 - Termination of Participation: "The co-sponsor shall be entitled, upon giving written notice to CDA on or before April 1, 1989, to terminate, effective as of January 1, 1990, its participation in the sponsorship of all, but not less than all, of the Sponsored Plans."

It should be recognized that given that the development relative to the ODQ self-insured malpractice program is relatively recent, the QDSA might not have been in a position to communicate with the CDA on or before April 1, 1989, concerning the continued sponsorship through CDIP of malpractice insurance.

Given the foregoing, I am writing to provide full details on this situation. The CDA Executive Council has authorized, on behalf of the Board of Governors (see attached legal opinion), the removal of malpractice insurance coverage from Appendix A of the 1990 Participation Agreement between the QDSA and the CDA, in order to allow QDSA to sign a 1990 Participation Agreement excluding malpractice coverage.

Attachment

/sfb

Fasken Campbell Godfrey

P.O. Box 20
Toronto-Dominion Bank Tower
Toronto-Dominion Centre
Toronto, Ontario
M5K 1N6

Telephone (416) 362-2401
(416) 366-8381

Facsimile (416) 362-2381
(416) 364-7813

Fax Transmission

Date: **November 1, 1989**

Total number of pages (including this one): **2**

Fax No.: **497-9257**

If you do not receive all the pages, please
telephone immediately

Our Reference: **030328-028**

From: A. B. Moore

**To: Mr. Kingsley D. Butler
Executive Vice President
Canadian Dental Service
Plans Inc.
Suite 600, 2 Lansing Square
Willowdale, Ontario
M2J 4Z3**

Dear Kingsley:

Re: 1990 Participation Agreement

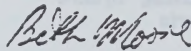
As requested I have reviewed Jardine Neilson's memorandum dated October 31, 1989. I do not entirely agree with the procedure he is proposing to follow in connection with the termination of the QDSA's co-sponsorship of the CDIP malpractice plan.

Effective as of January 1, 1987 the Participation Agreements were amended to make it impossible for a Co-Sponsor to unilaterally elect to terminate its sponsorship of one Sponsored Plan without terminating its sponsorship of all of the Sponsored Plans. In the circumstances currently facing the CDA and the QDSA it is clearly not in the interests of the CDA, any of the Co-Sponsors or the Plans to force the QDSA to terminate its participation in the malpractice plan using the mechanism provided in section 4 of the Agreement as this would force it to also terminate its sponsorship of the other plans. Since the Agreement is a contract between the CDA and the QDSA those parties can agree upon an amendment to Schedule A of the Quebec form of 1990 Participation Agreement, whether or not the Agreement provides a specific amending procedure. The proposed amendment does not affect the form of the Agreement or the Agreements between the CDA and the other provincial Co-Sponsors. It should therefore not be necessary to obtain the consent of the other Co-Sponsors and the giving of notice of an amendment under section 5 is not required.

The appropriate procedure therefore seems to me to be for the CDA and the QDSA to simply agree to amend the schedule to the 1990 Agreement and for the CDA to then notify the other Co-Sponsors that this is being done. The Co-Sponsors should not be asked to approve or give their dispensation to the amendment.

To the extent that it is necessary for dentists in Quebec who are members of the QDSA but not of the CDA to maintain their malpractice insurance coverage under CDIP, the CDA should be able to designate the dentists who are affected as Designated Eligible Members under the malpractice insurance policy so that their coverage is not jeopardized by a failure to meet the eligibility requirements.

Yours truly,



A. B. Moore

ABM:vl

*Association
des chirurgiens dentistes
du Québec*



Montréal, le 1^{er} novembre 1989

Monsieur Jardine Neilson
Directeur général
L'Association dentaire canadienne
1815, promenade Alta Vista
Ottawa, Ontario
K1G 3Y6

Monsieur Neilson,

J'ai bien reçu votre lettre du 6 octobre 1989 dans laquelle vous nous demandez de signer l'entente de participation pour 1990. Votre prise de position nous obligerait, le mot n'est pas trop fort, à parrainer le régime d'assurance responsabilité civile et professionnelle offert par le C.D.S.P.I. (R.A.D.C.) alors que ce même régime est mis sur pied par l'Ordre des dentistes du Québec, comme l'a d'ailleurs déjà fait le Collège dentaire Royal de l'Ontario, il y a plusieurs années.

À l'appui de votre demande vous donnez cinq (5) raisons que nous allons commenter ci-après:

"a) Le R.A.D.C. permet de prolonger, pour une période de cinq ans suivant leur retraite, la protection prévue au régime d'assurance responsabilité du dentiste;"

Précisons que les prolongations de couverture, en vertu du contrat que vous offrez, continueront de s'appliquer jusqu'à ce qu'un dentiste, dûment inscrit au tableau de l'O.D.Q., devienne assuré par le Fonds de l'O.D.Q. Le Fonds de l'O.D.Q. offrira lui aussi une prolongation de couverture de cinq (5) ans. Cette prolongation de couverture sera sans frais et s'appliquera soit à la cessation d'exercice ou lors du décès.

- "b) **"La succession peut obtenir une prolongation de deux ans;**

Les deux groupes ci-haut mentionnés peuvent renouveler cette protection à chaque année."

Le Fonds de l'O.D.Q., sans frais, donne une prolongation de cinq (5) ans.

- "c) **Les dentistes invalides avant le 30 juin 1989 n'ont pas à déboursier de primes pour l'assurance responsabilité civile et professionnelle;"**

Ceci n'est que de la poudre aux yeux. Si le dentiste est invalide, il tombe sous la clause "cessation d'exercice" et devient par le fait même couvert, sans frais, pour une période de cinq (5) ans. Il se trouve donc tout autant protégé avec le Fonds de l'O.D.Q.

- "d) **Dans certains cas, les dentistes qui sont assurés en vertu du R.A.D.C. auront le choix de maintenir leur assurance responsabilité professionnelle également auprès de l'O.D.Q."**

À moins d'y être exemptés de par la loi, en vertu de cette même loi, les dentistes qui exerceront au Québec n'auront pas le choix, ils devront souscrire au Fonds à compter du 1^{er} janvier 1990.

Cette obligation dans la loi possède la vertu d'éviter la surenchère de l'assurance qui semble être prônée par le C.D.S.P.I.

- "e) **L'entente de 1990 protège les dentistes si l'entrée en vigueur du programme de l'O.D.Q. retardait."**

L'O.D.Q. a déjà prévu une solution à cette question hypothétique. En vertu de l'article 86 b) du Code des professions et de l'article 3.05 du règlement sur l'assurance responsabilité, l'O.D.Q., si cette éventualité se produisait, offrirait temporairement une assurance groupe qui prendrait fin dès la mise en vigueur du Fonds. L'O.D.Q. a donc prévu des mesures transitoires.

Il faut saluer ici l'excellence du régime de l'O.D.Q., qui à certains égards est plus avantageux que le vôtre, et le sérieux du travail accompli en peu de temps. Ces deux qualités réunies nous amènent à réaliser que les raisons qui soutiennent votre position ne sont pas valables.

Nous ne pouvons signer l'entente de participation à cause du caractère obligatoire inhérent à la décision de l'O.D.Q.

En vertu du Code des professions du Québec, L'Ordre a le droit d'obliger tout dentiste à participer à son Fonds.

L'article 94 1) du Code des professions se lit ainsi:

1) imposer aux membres de la corporation ou à certaines classes d'entre eux en fonction du risque qu'ils représentent, notamment à ceux qui exercent à leur propre compte, l'obligation de fournir, par contrat d'assurance, de cautionnement ou par tout autre moyen déterminé par règlement, une garantie contre la responsabilité qu'ils peuvent encourir en raison des fautes ou négligences commises dans l'exercice de leur profession, ou l'obligation d'adhérer au contrat d'un régime collectif conclu par la corporation ou de souscrire à un fonds d'assurance de la responsabilité professionnelle établi conformément à l'article 86.1. à ces fins.

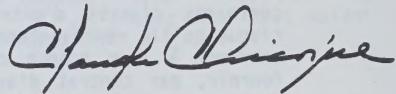
En conséquence, l'A.C.D.Q. ne peut s'engager actuellement à parrainer le régime d'assurance de la responsabilité civile et professionnelle de l'A.D.C.

Elle ne peut non plus s'engager actuellement à parrainer les autres régimes de l'Annexe A. puisque tous ces régimes sont indivisibles (art. 1 a)). Le co-parrain n'a pas le choix, il doit tous les parrainer ou se retirer entièrement de l'entente (art. 3 et 4). C'est d'ailleurs là le principe d'indivisibilité de parrainage que vous nous avez imposé en 1985.

Pour la période de transition qui vous inquiète, nous vous rappelons qu'en vertu de l'article 12, l'entente de 1989 se poursuit pour une autre année s'il advenait que le 31 décembre 1989 le co-parrain n'ait pas signé l'entente de participation.

Je vous prie d'agréer, Monsieur Neilson, l'expression de mes salutations distinguées.

Le président,

A handwritten signature in black ink, appearing to read 'Claude Chicoine', written in a cursive style.

Claude Chicoine, d.d.s.

CC/slf

TRANSLATION OF DR. CHICOINE'S LETTER

Montreal, November 1, 1989

Dear Mr. Neilson:

I acknowledge receipt of your letter of October 6, 1989 asking me to sign the 1990 Participation Agreement. Your position would oblige us - the word is not too strong - to sponsor the Malpractice Insurance Plan offered through CDSPI (CDIP) when the same plan is being implemented by the Order of Dentists of Quebec just as the Royal Dental College of Ontario did many years ago.

To support your request, you put forward five reasons we will comment as follows:

"a) through CDIP malpractice coverage, currently retired dentists have a five year extension to protect them following retirement."

Let us be more specific and say that insurance extensions according to the contract offered by you will continue to apply until a dentist whose name appears in ODQ's Listing becomes insured by the ODQ's Fund. This ODQ's Fund too will offer a five-year (5) coverage extension. There will be no charge for this coverage extension which will apply when the dentist ceases practising or dies.

"b) The estate may secure a two-year extension;

Both groups mentioned above may purchase individual annual extensions for protection."

The ODQ's Fund provides a five-year (5) coverage extension at no cost.

"c) Dentists who are disabled prior to June 30, 1989 are on waiver of premiums status in connection with malpractice coverage".

This is boasting. When a dentist is disabled, the clause "Termination of Practice" applies and the dentists is covered ipso facto, at no cost, for a period of five (5) years. He/she is protected exactly the same way by the ODQ's Fund.

Unless exempted by law, in accordance with this same law, dentists practising in Quebec will have no other choice but to subscribe to the ODQ's Fund as of January 1st, 1990.

This legal requirement has the virtue of preventing outbidding tactics apparently promoted by CDSPI.

The ODQ already allowed for a solution to this hypothetical question. In accordance with the Code des professions, Section 86 b) and the Liability Insurance Bylaw, Section 3.05, the ODQ, if such an eventuality occurs, would offer

a temporary group insurance that would end on the day the Fund will take effect. Thus, the ODQ allowed for transition measures.

The excellence of the ODQ plan which is better than yours on certain points as well as the serious work done in such a short time should be recognized here. Both of these qualities led us to realize that the rationale of your position is not valuable.

We cannot sign the Participation Agreement because of the ODQ's mandatory decision.

In accordance with the Code des professions du Quebec, the Order is entitled to oblige all dentists to participate in its Fund.

The Code des profession, Section 94 1) reads as follows:

- 1) To make it mandatory that the members of the corporation or some categories of members according to the risk they represent, especially the self-employed, provide through an insurance or surety bond contract, or by any other means determined by the by-law, a guarantee against any liability they might incur as a result of fault or negligence in the practice of their profession, or that they be party to collective insurance plan contract concluded by the corporation or subscribe to a professional liability insurance fund established in accordance with section 86.1 for this purpose*.

As a result, QDSA may not at the present time make any commitment to sponsor CDA's professional liability insurance plan.

It may not also make any commitment to sponsor the other plans mentioned in Appendix A, since these plans are indivisible Section 1 a). The co-sponsor has no choice, it must sponsor all plans or withdraw completely from the agreement (Sections 3 and 4). Anyway, this is the principle of co-sponsorship indivisibility you imposed on us in 1985.

For the transition period which causes you concerns, we remind you that in accordance with Section 12, the 1989 Agreement continues in full force for another year if the co-sponsor does not sign the participation agreement by December 31, 1989.

Sincerely,

Claude Chicoine, d.d.s.

* This translation is purely informative. It is not official translation of the law and has no official and legally binding value whatsoever.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE EXECUTIVE DIRECTOR / CABINET DU DIRECTEUR GÉNÉRAL

le 6 octobre 1989

Docteur Claude Chicoine
Président et directeur général
Association des Chirurgiens
Dentistes du Québec
425, ouest boul. de Maisonneuve
Pièce 1425
Montréal (Québec)
H3A 3G5

Cher docteur,

Veuillez trouver ci-joint trois exemplaires de l'entente de participation pour 1990 - intervenue entre votre Association et l'ADC. L'entente de 1990 reflète les modifications aux articles 2 et 9 approuvées à l'assemblée provisoire de 1989 du bureau des gouverneurs.

Veuillez noter qu'à l'Annexe A de l'entente, le parrainage du programme du régime d'assurance responsabilité civile et professionnelle y est inclus. L'ADC désire conserver et protéger les intérêts des dentistes au Québec pendant la période de transition au programme de l'ODQ, et croit que l'entente entre l'ADC et l'ACDQ doit maintenir ce programme afin d'assurer cette protection.

Nous y croyons pour ces raisons:

- (a) le RADC permet de prolonger pour une période de cinq ans suivant leur retraite, la protection prévu au régime d'assurance responsabilité du dentiste;
- (b) la succession peut obtenir une prolongation de deux ans;

Les deux groupes ci-haut mentionnés peuvent renouveler cette protection à chaque année.
- (c) les dentistes qui étaient invalides avant le 30 juin 1989 n'ont pas à déboursier de primes pour l'assurance responsabilité civile et professionnelle;
- (d) dans certains cas, les dentistes qui sont assurés en vertu du RADC auront le choix de maintenir leur assurance responsabilité professionnelle également auprès de l'ODQ;

.../2

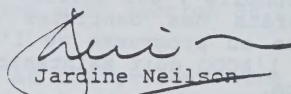
- (e) l'entente de 1990 protège les dentistes si l'entrée en vigueur du programme de l'ODQ retardait.

A notre avis, l'ADC doit offrir aux dentistes du Québec de l'assurance responsabilité professionnelle par l'entremise du RADC, et cette participation devrait être disponible pour les membres de l'ADC ou de l'ACDQ. Les factures seraient envoyées aux dentistes comme dans le passé afin de sauvegarder leurs intérêts. L'entente ci-jointe le permet. Je demeure disponible pour en discuter.

Si vous êtes d'accord avec le précédent, auriez-vous l'obligeance de signer les ententes, d'y apposer votre sceau officiel et de nous les retourner au plus tard le 15 décembre 1989. Une copie dûment signée et scellée par notre Association vous sera retournée par la suite pour vos dossiers. Ces ententes pour 1990 dûment complétées doivent être transmises au CDSPI avant le 31 décembre 1989.

Veuillez agréer, cher docteur, l'expression de mes sentiments distingués.

Le directeur général,


Jardine Neilson

Pièces jointes

/msg

Entente de participation de l'ADC

89.3 Il est résolu que l'article 2 de l'Entente de participation soit modifié en y ajoutant les mots « à compter du 1^{er} janvier 1990 » après les mots « et la remplace ».

ADOPTÉ

89.4 Il est résolu que l'article 9 de l'Entente de participation soit modifié en y ajoutant un deuxième paragraphe se lisant comme suit : « Chaque année, lors de la réunion du Conseil exécutif préparatoire à l'assemblée annuelle du Bureau des gouverneurs, l'ADC, par le truchement de son Conseil exécutif, reverra la situation et décidera de l'emploi du surplus. »

ADOPTÉ

ENGLISH TRANSLATION OF LETTER TO DR. CHICOINE:

Enclosed please find three (3) copies of the 1990 Participation Agreement between your Association and the CDA. The 1990 Agreement contains amendments to Section 2 and 9 which were approved by the Board of Governors at the 1989 Interim Meeting.

You will note from Annex A to the Agreement, that the co-sponsorship of malpractice insurance is included. The CDA wishes to preserve and protect the interests of the dentists in Québec during the transition to the ODQ program, and believes that the 1990 Participation Agreement between CDA and QDSA should provide for malpractice coverage to ensure such protection.

There are several reasons for this belief:

- (a) through CDIP malpractice coverage, currently retired dentists have a five year extension to protect them following retirement
- (b) estates may secure a two-year extension
the above 2 groups may purchase individual annual extensions for protection
- (c) dentists who are disabled prior to June 30, 1989 are on waiver of premium status in connection with malpractice coverage
- (d) there are also situations where dentists may have the ODQ malpractice program and may wish to retain their CDIP malpractice coverage as well.
- (e) the 1990 Agreement would provide security should there be any delay in the implementation of the ODQ program.

It is the view of the CDA that malpractice insurance, through CDIP, should be offered to the dentists of Québec in 1990, and that this coverage should be available through membership in the CDA or the QDSA. The invoicing of dentists in Quebec will proceed as usual to safeguard those in the above situations. The attached agreement allows for this provision. If you wish to discuss this matter further, I am at your disposal.

Should you be in agreement with the foregoing, could you please complete, seal and sign all three copies of the 1990 agreement and return them to the CDA not later than December 15, 1989. One copy signed and sealed on behalf of the Canadian Dental Association will then be returned to you for your files.

Completed 1990 Agreements, duly signed, must be in the hands of CDSPI no later than December 31, 1989.

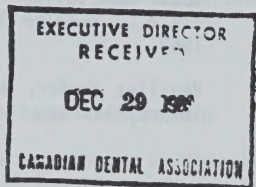
des chirurgiens dentistes du Québec

APPENDIX III



Montréal, le 21 décembre 1989

Monsieur Jardine Neilson
Directeur général
Association dentaire canadienne
1815, promenade Alta Vista
Ottawa, Ontario
K1G 3Y6



Monsieur Neilson,

J'accuse réception de votre lettre du 18 décembre 1989 et je m'empresse d'y répondre.

L'A.C.D.Q. n'accepte pas que le conseil exécutif de l'A.D.C. ne soit pas disposé à considérer des modifications à l'entente de participation alors que lui-même vient d'en proposer une très importante le 29 novembre 1989.

Cette proposition de modification était d'ailleurs appuyée et accompagnée d'une opinion de Me Beth Moore du 1^{er} novembre 1989 à l'effet que l'A.D.C. et l'A.C.D.Q. pouvaient convenir d'amendements à l'entente de 1990.

En conséquence, voici les modifications que l'A.C.D.Q. suggère:

1. Retrait du régime d'assurance responsabilité professionnelle de l'annexe A;
2. Ajout d'un nouvel article à l'entente de participation libellé comme suit:

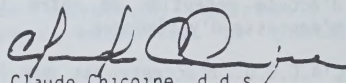
"Annulation

Dans tous les cas d'annulation du parrainage, les excédents accumulés dans chacun des régimes à la date de la fin du parrainage sont calculés. L'excédent afférent aux participants membres du co-parrain est calculé au prorata de leur participation dans le régime en cause. Cet excédent est transmis au co-parrain pour distribution à ses membres participants. À défaut d'entente sur ces calculs ou de transmission de l'excédent dans les 90 jours de la fin du parrainage, cette question est soumise à l'arbitrage en conformité des articles 940 et ss. du Code de procédure civile du Québec."

Vous nous obligeriez en vous assurant que le conseil exécutif de l'A.D.C. examine les dispositions ci-dessus avant le 31 décembre 1989.

Veuillez agréer, Monsieur Neilson, l'expression de mes sentiments les meilleurs.

Le président,


Claude Chicoine, d.d.s.

CC/slf

1990-1991

Dear Mr. Nelson,

I acknowledge receipt of your letter of December 16, 1967 and hasten to respond to it.

proposed a very important amendment November 29, 1967.

amend the 1990 agreement.

Consequently, here are the amendments suggested by QDSA:

2. To add a new section to the Participation Agreement worded as follows:

procédure civile du Québec.

Executive Council, prior to December 31, 1989.

Sincerely yours,



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT / CABINET DU PRÉSIDENT

le 8 janvier 1990

Docteur Claude Chicoine
Président et directeur général
Association des Chirurgiens
Dentistes du Québec
425, boul. de Maisonneuve
Pièce 1425
Montréal (Québec)
H3A 3G5

Cher docteur,

Le Conseil exécutif a pris connaissance de la lettre que vous adressiez le 21 décembre dernier à M. Jardine Neilson, lettre qui a été envoyée du bureau de l'ACDQ à 18 heures le 28 décembre par poste prioritaire - no. d'enregistrement 722498330 - et qui est parvenue au bureau de l'ADC le 29 décembre.

Au nom du Conseil exécutif, je réitère l'information que M. Neilson vous faisait parvenir par béliographe et par courrier le 18 décembre 1989 à l'effet que le Conseil exécutif de l'ADC n'était pas disposé à examiner quelque modification de forme que ce fût à l'Entente de participation de 1990 qui vous avait été envoyée le 29 novembre. La modification que le Conseil exécutif a proposée dans la lettre qui vous était transmise le 29 novembre répondait aux préoccupations que l'ACDQ avait exprimées dans votre lettre du 1er novembre 1989 et qui portait sur l'inclusion de l'assurance responsabilité civile et professionnelle à l'annexe A de l'Entente de participation de 1990 entre l'ACDQ et l'ADC. La modification suggérée avait trait à ces préoccupations et permettait à l'ACDQ de maintenir sa participation à tous les autres régimes énumérés à l'annexe A, à condition que l'entente de 1990 fût signée avant le 31 décembre 1989.

L'autre suggestion, mise de l'avant par l'ACDQ et proposant d'ajouter à l'entente de participation un nouvel article intitulé "Annulation", est en tous points semblable à la proposition qui avait été présentée à l'assemblée provisoire de 1989 du Bureau des gouverneurs de l'ADC et que celui-ci avait alors jugée inacceptable, comme vous le savez.

.../2

Donc, depuis le 31 décembre 1989, les dispositions de l'article 12 - Durée - de l'Entente de participation de 1989 entre l'ADC et l'ACDQ deviennent applicables et, en conséquence, tous les régimes parrainés et énumérés à l'annexe A de l'entente, continueront d'être en vigueur jusqu'au 31 décembre 1990 et le co-parrain (l'ACDQ) est réputé avoir donné avant le 1er avril 1990 un avis d'annulation de parrainage de tous les régimes parrainés.

Veuillez agréer, cher collègue, l'expression de nos sentiments les meilleurs.

Le président,

*original signed/signé
by par*

Kevin L. Roach, B.Sc., D.D.S.

TRANSLATION

January 8, 1990

Docteur Claude Chicoine
Président et directeur général
Association des Chirurgiens
Dentistes du Québec
425, boul. de Maisonneuve
Pièce 1425
Montréal (Québec)
H3A 3G5

Dear Dr. Chicoine:

Your letter of December 21, 1989, sent from the QDSA office at 6:00 p.m. on December 28, by Priority Post - Registration No. 722498330, addressed to Mr. Jardine Neilson was received in the CDA office on December 29, and has been reviewed by the Executive Council.

On behalf of the Executive Council, I reiterate the information forwarded to you by FAX and courier by Mr. Neilson on December 18, 1989. The Executive Council of the CDA is not willing to consider any amendment to the form of the 1990 Participation Agreement forwarded to you on November 29. The amendment proposed by the Executive Council and relayed to you on November 29, was in response to concerns expressed by the QDSA through your letter of November 1, 1989. Those concerns related to the inclusion of Professional Malpractice Insurance in Appendix A of the 1990 Participation Agreement between the QDSA and the CDA. The proposed amendment addressed those concerns and allowed the QDSA to continue participation in all other plans listed on Appendix A, provided that the 1990 Participation Agreement was signed before December 31, 1989.

The additional suggestion of the QDSA with regard to the inclusion of a new section to the Participation Agreement entitled Cancellation, is identical to a proposal brought before the CDA Board of Governors at the 1989 Interim Meeting. You are aware that the Board of Governors found this proposal unacceptable.

As of December 31, 1989, the terms of Section 12 - Term - of the 1989 Participation Agreement between the CDA and the QDSA become applicable and, therefore, all of the sponsored plans listed under Appendix A of the 1989 Participation Agreement between the CDA and the QDSA will continue in full force and effect until December 31, 1990 and the Co-Sponsor (the QDSA) is deemed to give notice of termination of sponsorship of all of the sponsored plans on April 1, 1990.

Sincerely yours,

Kevin L. Roach, B.Sc., D.D.S.
President



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROM. ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

OFFICE OF THE EXECUTIVE DIRECTOR / CABINET DU DIRECTEUR GÉNÉRAL

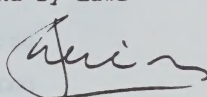
M E M O R A N D U M

February 8, 1990

TO: Chairman and Members, Board of Governors
CEO's - Corporate Members
Chairman, Council on Constitution and By-Laws

FROM: Jardine Neilson, Executive Director

SUBJECT: NOTICE OF PROPOSED AMENDMENT TO THE
CDA CONSTITUTION AND BY-LAWS



On January 24, 1990, the CDA received notice from the Ontario Dental Association requesting an amendment to the CDA By-Laws.

The CDA Executive Council has reviewed this request and has referred it to the Council on Constitution and By-Laws for comment and recommendation.

As required under Article 27 - Section 1 - Amendment of By-Laws, the proposed amendment is herewith circulated. Section 1 further requires "that a copy of the proposed amendments shall have been mailed to the Executive Director of the Association at least three months prior to the meeting of the Board of Governors at which action upon such amendments is proposed to be taken". Therefore, this memorandum will serve as notice of motion for a by-law amendment to be considered at the 1990 Annual Meeting of the CDA Board of Governors.

Attached as Appendix I are the current wording of Article 8 - Section 2 (f) and the amendment proposed by the Ontario Dental Association.

APPENDIX I

Encls.

/msg



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROM. ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

OFFICE OF THE EXECUTIVE DIRECTOR / CABINET DU DIRECTEUR GÉNÉRAL

NOTE DE SERVICE

le 8 février 1990

AUX: Président et membres du Bureau des gouverneurs
Directeurs généraux des organisations membres
Président, Conseil des statuts et règlements

DE: Jardine Neilson, Directeur général *Jardine Neilson*

OBJET: Avis d'une modification proposée aux Statuts et
Règlements de l'ADC

Le 24 janvier dernier, l'ADC a reçu une demande de l'Association dentaire de l'Ontario d'apporter modification aux Statuts et Règlements de l'ADC.

Le Conseil exécutif a examiné cette demande et a demandé au Conseil des statuts et règlements de la revoir et lui rendre sa recommandation.

Tel que requis par l'Article 27, Section 1 - Amendement des règlements, cette modification vous est envoyée. De plus, la Section 1 stipule "qu'une copie des amendements proposés soit envoyée par la poste au directeur général de l'Association au moins trois (3) mois avant la tenue de l'Assemblée au cours de laquelle le Bureau des gouverneurs est appelé à prendre une décision à ce sujet". Alors cette note sert comme avis de proposition pour un amendement à être considéré à l'Assemblée annuelle de 1990 du Bureau des gouverneurs.

Ci-joint (appendice 1) est l'Article 8, Section 2 (f) et la modification proposée par l'Association dentaire canadienne.

APPENDICE 1

pièce jointe

/msg

CURRENT

ARTICLE VIII

Section 2 - Elections or Appointments

- (f) No member of the Association shall be eligible to be a voting member of the Board of Governors for more than three consecutive terms of two years, unless he is elected to the office of Vice-President in which case he shall automatically remain on the Board of Governors for three additional years from the time he becomes Vice-President.

PROPOSED

ARTICLE VIII

Section 2 - Elections or Appointments

- (f) No member of the Association may be eligible to be a voting member for any continuous span of time greater than three consecutive two year terms unless he is elected to the office of Vice-President in which case he shall automatically remain on the Board of Governors for three additional years from the time he becomes Vice-President.

January 24, 1990

Mr. Jardine Neilson, C.A.F.
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Mr. Neilson:

Mr. Mac Balfour, President of the Ontario Dental Association (ODA) and a member of the Board of Governors of the Canadian Dental Association (CDA) has asked that I convey to you a request for amendment of the CDA By-Laws.

We recognize that the notice period required under Section I, Article XXVII cannot be met for the Interim Meeting. If the Executive Council is in agreement with the amendment they may wish to consider the application of Section 2 of this article. Failing that, we request that this proposal for amendment be circulated for consideration at the Annual Meeting of the Board in August.

It is moved by Dr. Mac Balfour and seconded by Dr. Bill Glave that Article VIII, Section 2 (f) of CDA By-Law No. 1 be deleted and replaced with

"No member of the association may be eligible to be a voting member for any continuous span of time greater than three consecutive two year terms unless he is elected to the office of Vice-President in which case he shall automatically remain on the Board of Governors for three additional years from the time he becomes Vice-President."

It is understood that the interpretation of the current wording is that a member may serve virtually in perpetuity if service as a governor is interrupted by resignation from the Board before three consecutive two year terms have been served and, of course, that the corporate member elects or appoints the person to the Board at a subsequent time.

Conversely, should a person serve for the maximum of three two year terms consecutively that person is never eligible to serve on the Board again.



This process seems somewhat illogical. A member of the Board generally requires several years of experience with this responsibility to become familiar with the process and the issues. Should the person develop the necessary degree of interest and enthusiasm to agree to provide service to the members of the CDA by accepting nomination to the Executive Council perhaps with a view to some day seeking higher office, it is sometimes necessary to resign from the Board for one meeting in order to create a new six year term of office in which to realize these aspirations.

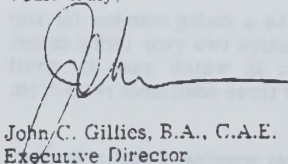
Conversely, a person who follows both the "rules" and their intent is generally forced to retire before any aspirations for higher office can be realized and the current by-law is interpreted to prohibit this person from ever again offering their service to the profession.

Ontario representatives to the CDA Board of Governors are elected to a two year term by the ODA Board of Governors. This term of office runs from June 1st to May 31st of the year following. Generally it is expected that they serve as delegates from the ODA to the CDA to represent an ODA viewpoint in the interest of our members at a national level. Fortunately, for most issues, matters that impact on dentists in any part of Canada impact on Ontario dentists in the same way and therefore parochial issues do not become a major concern.

However, the CDA structure and By-Laws assume that the governor is a representative rather than a delegate which entails a different responsibility and sense of commitment.

To us the current By-Law tends to perpetuate the process of sending "delegates" while shutting out well qualified, experienced members who could become true "representatives" and who would be more likely to have a broader perspective on issues and take a more active role in pursuit of CDA interests rather than predominantly being reflective of a corporate body perspective.

Yours truly,



John C. Gillies, B.A., C.A.E.
Executive Director

JCG:pr

c.c. Dr. G.H. Peacock, Chairman
CDA Council on Constitution and By-Laws

SCHEDULE FOR DR. KEVIN L. ROACH, PRESIDENT1989 - 19901989

September 2-8	FDI Congress	Amsterdam
September 6	University of Toronto - Welcome (represented by Dr. Gryfe)	Toronto
September 11	Western University - Welcome (represented by Dr. Dolansky)	London
September 18	DHM Reception - ODQ (represented by Dr. Dolman)	Montreal
September 21	Third Party Dental Plans-Conference	Toronto
September 29	CDA/ADA Management Committees	Chicago
September 30	Reception for Dr. Gordon Thompson (represented by Dr. Sigfstead)	Edmonton
October 17-19	Federal/Provincial Dental Health Council Annual Meeting	Halifax
October 19	Management Committee	Ste. Adèle
October 20-22	Executive Council - Planning Session	Ste. Adèle
October 23	Student Information Night - University of Western Ontario	London
October 26	Welcome to the Profession - Dalhousie University (represented by Dr. Wenn)	Halifax
October 26	Student Information Night - University of Toronto	Toronto
November 5-9	American Dental Association - Convention	Honolulu
November 27	NDEB Annual Meeting	Ottawa
December 1-2	ODA Fall Board Meeting	Windsor
December 2	Conference Call re: EDI	Windsor
December 16	CDA Management Committee	Ottawa
December 19	Staff Christmas Party	Ottawa

1990

January 9	Moose Jaw Dental Society (represented by Dr. Niedermayer)	Moose Jaw
January 12	CDA/ODA Management	Toronto
January 18-20	Manitoba Dental Association Meeting (represented by Dr. Allen)	Winnipeg
January 24	Management Committee	Sainte Anne
January 26-27	Pre-Board (Budget) Executive	Sainte Anne
February 12	CDA Management Conference Call	Ottawa
March 29	Management Committee	Ottawa
March 29	ACFD/CDA Management	Ottawa
March 30-31	Interim Meeting CDA Board of Governors	Ottawa
April 23	NDEB Executive Meeting	TBC
May 1-2	ODA Board	Toronto
May 3-5	ODA Annual Spring Convention	Toronto
May 3-5	Newfoundland Dental Association Annual Meeting (represented by Mr. Neilson)	Saint John's
May 4-5	New Brunswick Dental Society Annual Meeting/Centennial	Moncton
May 20-24	Les journées dentaires du Québec (represented by Dr. Dubé)	Montreal
June 1-3	Dental Association of P.E.I. Annual Meeting	Mill River
June 6	Management Committee	Pembroke
June 8-9	Pre-Board Executive	Ottawa
June 10 - 13	Alberta Dental Association	Kananaskis
June 15-16	Nova Scotia Dental Association Annual Meeting	Sydney

1990 cont'd.

June 28-30	College of Dental Surgeons of B.C.	Vancouver
Aug. 24-25	Annual Meeting of CDA Board of Governors	Ottawa
August 25	Executive Council	Ottawa
August 25-29	CDA Annual Convention	Ottawa

Bold: Tentative Date

1990-02-13

COMMITTEE ON COMMUNITY & INSTITUTIONAL DENTISTRY

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Jack H. Gryfe, Chairman, Toronto
Dr. Neil Farrell, London
Dr. John Hardie, Ottawa
Dr. Jennifer Jackman, Ottawa
Dr. Eckart Schroeter, Rothesay
Dr. Geoff Smith, St. John's
Dr. Wayne Steggle, Smith Falls
Mrs. Carol Worobey, Ottawa
Dr. Julian Tsafaroff, Dept. of Veteran's Affairs
(Observer)

Executive

Liaison: Dr. Barry Dolman, Montréal

Coordinator: Mr. Brian Henderson, Director, Professional Services

Committee Meeting

The inaugural meeting of the Committee on Community and Institutional Dentistry was held on January 19 and 20, 1990 in Ottawa, Ontario. Dr. Jennifer Jackman, representative from the Canadian Hospital Association, was unfortunately not able to attend. Invited guests Dr. Miriam Grushka and Mr. Ray Cisko from the Canadian Standards Association participated during discussion of specific topics.

ITEMS REQUIRING BOARD ACTION

1. Definition of Dentistry

The Canadian Dental Association has not adopted an official definition of dentistry and CDA has occasionally been requested to provide such an official definition for reference in legislation or elsewhere. The committee believes it is important to record a definition which encompasses the preventive, diagnostic, therapeutic and maxillofacial dimensions of dentistry. The following definition meets this criterion and is recommended for adoption.

RESOLVED:

90.12 THAT the following definition of Dentistry be approved as the official definition of the Canadian Dental Association:

"Dentistry is the diagnosis, prevention and treatment of the conditions, diseases, injuries and malformations of the teeth, soft tissues and bone of the human jaws and adjacent structures."

The Board of Governors receives this definition as information and directs that the Committee circulate the above definition for comments prior to seeking Board approval.

2. Definition of Geriatric Dentistry

Similarly, there are no official Canadian Dental Association definitions for dental specialties or other fields or areas of dentistry, apart from definitions included within documents outlining accreditation requirements. The committee, following appropriate consultation with specialty societies, may make further recommendations that CDA adopt other official definitions. One additional recommendation is presented at this time; the CDA Board of Governors directed the committee to review issues related to geriatric dentistry and the following definition of the field is proposed as the first step in response.

RESOLVED:

90.13 THAT the following definition of Geriatric Dentistry be approved as the official definition of the field:

"Geriatric dentistry is the practice of dentistry which includes diagnosis, prevention and treatment of the conditions, diseases, injuries and malformations of the teeth, soft tissues and bone of the human jaws and adjacent structures as they are characteristic of the elderly population. The elderly population is considered to be those members of the population who are 65 years of age and older, with in some cases, at least one chronic debilitating disease."

The Board of Governors receives this definition as information and requests that it be circulated to specialty societies and other concerned organizations for comments prior to seeking Board approval. Reference to chronological age should be removed.

3. Waste Management

Dentistry, along with the other health professions, is concerned to protect the public, the environment and the profession through the safe handling of various hazardous materials. While government is increasingly becoming involved in this field (through initiatives such as the Workplace Hazardous Materials Information System or WHMIS) the Canadian Dental Association, as a concerned corporate citizen, must demonstrate leadership. The committee feels that appropriate CDA guidelines can assist dental practitioners in the safe and effective management of waste and hazardous materials and recommends the following course of action.

RESOLVED:

90.14 THAT the document entitled "Hazardous Materials Management in the Dental Practice" be approved as the foundation of an on-going program of information and instruction regarding hazardous waste management in dentistry.

THAT the document, entitled "Hazardous Materials Management in the Dental Practice", upon approval, be referred to the Communications department to be redesigned and revised as required to produce a "user friendly" resource for publishing in the CDA Journal and/or elsewhere.

APPENDIX I

The Board of Governors appreciates the urgency of the issue and the manner in which the Committee has responded, and requests the Committee circulate the above document to Corporate and Licensing Bodies for comment, prior to seeking Board approval.

4. Supervision of Hygienists

Members of the board are aware of the difficulties involved in developing the CDA position statement on "Supervision Requirements for Dental Hygienists". Most recently, attempts have been made to revise the document to reflect particular concerns of public health dentistry. The unique composition of the Committee of Community and Institutional Dentistry has allowed for some further direct discussion of this specific topic by the major groups concerned. The following

recommendation is presented with the unanimous support of the members of the Committee on Community and Institutional Dentistry.

RESOLVED:

90.15 THAT the current Canadian Dental Association position statement entitled "Supervision Requirements for Dental Hygienists" be approved as amended.

APPENDIX II

The Board of Governors agrees with the grammatical and minor wording corrections in the document, but not with the addition of the paragraph on page 4 beginning "In public health settings in this document."

The document presented for approval is appended with the proposed changes reflected. The final document is also appended.

5. Credentialing Criteria: Guidelines for Health Facilities

The Canadian Hospital Association has developed a consensus position on credentialing for purposes of initial privileges on application to a hospital. The document represents a guideline which may be voluntarily employed by hospital boards. CDA was represented on the CHA review committee by Dr. John Hardie and the position paper includes appropriate references to dentistry. CHA has requested formal support for the position from the professions which cooperated in its development.

APPENDIX III

RESOLVED:

90.16 THAT the Document "Credentialing Criteria: Guidelines for Health Facilities" be approved as an operating guideline for hospital boards which includes appropriate references to dentistry.

ADOPTED

6. Replacement of Chairman

The Canadian Association of Oral and Maxillofacial Surgeons is now represented on the Committee of Community & Institutional Dentistry by the chair. Representation by the chair presents some disadvantages and committee members felt that provision should be made to change the Terms of Reference.

RESOLVED:

90.17 **THAT the Terms of Reference of the Committee on Community and Institutional Dentistry be amended to invite the constituency represented by the chairman to nominate a replacement.**

The Board of Governors disagrees, as the Terms of Reference cover membership on the Committee. The Board of Governors directs the Committee to address the staggering of terms of members of the Committee.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

7. Lasers in Dentistry

The Canadian Dental Association currently has no guidelines with respect to the application and safe use of lasers in dentistry. After discussion, it was decided to review the present literature on all facets of medical and dental laser therapy with the intention of developing appropriate guidelines for consideration of the CDA Board of Governors. The Canadian Standards Association (CSA) is also reviewing the need for standards in this field and arrangements will be made to exchange information with CSA.

8. FDI Position on AIDS

The proposed Fédération Dentaire Internationale (FDI) "Policy Statement on AIDS" was reviewed. CDA's general support was expressed informally and review of the statement by the Committee on Community and Institutional Dentistry identified one concern for a supplementary letter to FDI. Because of provincial law it is unlikely in some provinces that the "dentist and dental students" will be legally permitted "to arrange necessary pathology tests" for suspected cases, as recommended in FDI policy statement. Appendix IV presents the FDI position and related correspondence.

APPENDIX IV

Members expressed concern that while the CDA and FDI policies on the treatment of patients with AIDS were on solid grounds morally and professionally, individual dentists still had to cope with practical fallout such as possible public refusal to patronize dental practices known to be treating AIDS patients. It was felt that this may indicate a need to help the profession continue to adapt to accepted policy. Dr. John Hardie will conduct an informal survey to determine the extent of problems in this regard and will advise the Committee of his findings.

9. Quality Assurance

The Committee on Community & Institutional Dentistry has identified the field of Quality Assurance as vital to the continued excellence of dental health care. It is felt that CDA should be demonstrating leadership in this area and that this can best be accomplished at a national level by the development of a Self-Help Quality Assessment Program for the practitioner. As a first step, the Committee is undertaking the design of an idealized patient record form which could serve as an assessment template for self-evaluation of some aspects of dental record keeping and practice. It is felt that this initiative might also lead to recommendation of a "standard" dental record. The Committee will present the results of its initial explorations to the board for guidance before any additional steps are taken.

10. CCHFA

The current status of negotiation between the CDA and Canadian Council on Health Facilities Association was reviewed. CDA's interest in a seat on the CCHFA Board has been acknowledged, but it appears unlikely that CCHFA will consider any enlargement of its Board prior to 1991 or 1992.

11. Correctional Services

Correspondence from Dr. Donald Rice, Chairman of the Medical & Health Care Advisory Committee of Correctional Services Canada, was reviewed and discussed. Dr. Rice encourages continuing pursuit of efforts to establish dental service/residency programs in Canadian penal institutions. As

a pilot project, the Committee on Community and Institutional Dentistry (in conjunction with the Council on Accreditation and in cooperation with the University of Manitoba and Correctional Services Canada) will work to assist the establishment of an internship program at Stony Mountain prison outside Winnipeg, Manitoba. It is hoped that experience with the pilot may assist the establishment of similar arrangements at correctional centres elsewhere in Canada.

12. Summary

In conclusion, as Committee Chairman, I want to thank Mr. Brian Henderson and Mrs. Danuta Askew for their enthusiastic and tireless efforts on the committee's behalf. In addition, I must remark upon the zeal with which the members of this new Committee have embarked on discharging their mandate. It augurs well for the future.

Respectfully submitted,

Jack H. Gryfe, Chairman
Committee on Community &
Institutional Dentistry

FILING OF REPORT

The Board of Governors accepts the report of the Committee on Community and Institutional Dentistry with appreciation.

HAZARDOUS MATERIALS MANAGEMENT IN THE DENTAL PRACTICE

Introduction

Increasing public concern has given rise to a number of environmental protection groups. They have begun to exert a significant amount of influence on all levels of government, creating a need for policies to better manage ever-growing amounts of hazardous materials and waste products.

In the daily practice of dentistry a variety of such materials are handled. The average dental office may generate approximately 0.68 lbs. of sharps and 0.60 lbs. of human tissues monthly ¹. Inappropriate handling or disposal of these substances may increase the risk of disease or injury to members of the health care team.

The maintenance of aseptic technique, the use of protective equipment and the implementation of a recognized occupational health care program can minimize the likelihood of dangerous exposure or injury to dental personnel, patients or the general public. A satisfactory safety program should include written policies and procedures in accordance with the Workplace Hazardous Materials Information System (WHMIS) as outlined in the Hazardous Products Act, as well as policies required by provincial and municipal legislation.

General Provisions

Waste should be segregated at source to minimize handling and reduce risks of injury or infection. All hazardous wastes should be packaged in approved containers which are labelled with universal identification. In addition, certain classes of wastes must be managed in a specified manner. The packaging and storage of these materials should be restricted to an area that has reduced traffic, appropriate ventilation and is unlikely to be inadvertently disrupted.

Off site disposal of coded materials must be in accordance with local legislation. If the dentist employs an agent to dispose of these products, that agent must be legally licensed and be responsible for the process of disposal.

A training program for all staff is required to familiarize them with the dangers of the hazardous materials to which they are exposed and the process of handling and disposing of these products.

Personal hygiene must be stressed to reduce the incidence of cross contamination.

Definition and Classification of Waste Materials ²

A. Biomedical Wastes

Waste or residual materials resulting from the treatment of patients. These materials may be either pathological waste or infectious waste.

1. Pathological Waste

In dentistry, this includes any human anatomical waste excluding extracted teeth.

2. Infectious Waste

Waste of any type that is contaminated or suspected of containing infectious agents or their toxic byproducts. This material may either contain the pathogen or be capable of transmitting infection to others.

These wastes may be further classified as:

- a) Human anatomical
- b) Animal anatomical
- c) Non-anatomical
- d) Contaminated body fluids, including blood and its byproducts
- e) Waste generated by patients in isolation for communicable disease

3. Sharps

All needles, lancets or other disposable items with a cutting edge which have become contaminated with blood or other human body fluids.

4. Other Biomedical Waste Requiring Special Handling

- a) Health care waste considered to be not infectious
- b) Non-anatomical waste that has been decontaminated in an approved device

B. Chemical Wastes

Discarded solid, liquid and gaseous chemicals from diagnosis and/or treatment of patients.

Hazardous or nonhazardous solid, liquid or gaseous materials used in cleaning, housekeeping or disinfecting procedures. In consideration of the best method of managing these materials, they should be further subdivided as:

- a) toxic
- b) corrosive (pH <2.0 or >12.0)
- c) flammable
- d) reactive (explosive, water reactive, shock sensitive)
- e) genotoxic (carcinogenic, mutagenic, teratogenic, capable of altering genetic material)

C. Pharmaceutical Waste

Pharmaceutical products that are no longer patient usable because they are outdated, inappropriate, contaminated or spoiled.

D. Environmentally Hazardous Waste

Any material whose use or disposal may have direct or indirect detrimental affects on the environment or the ecologic cycle. Examples of such items include aerosol containers and nonbiodegradable materials (eg. plastic garbage bags, styrofoam). Scrap amalgam is not considered to be a toxic substance or a health hazard³.

WASTE	PROCEDURE FOR DISPOSAL
BIOMEDICAL	
Pathological	Place within an approved waste container that is colour-coded RED
Infectious	Place within an approved waste container that is colour-coded YELLOW
SHARPS	
	Place within an approved SHARPS containers
CHEMICAL	
	Assess whether chemical is TOXIC, CORROSIVE, FLAMMABLE, REACTIVE or GENOTOXIC Comply with local legislation for disposal
PHARMACEUTICAL	
	Place within an approved waste container colour-coded BLACK or DARK GREEN Identify as "containing unusable pharmacologic waste"
ENVIRONMENTALLY HAZARDOUS	
	Let your conscience be your guide

Hazardous Materials in the Practice of Dentistry

1. Anaesthetic Gases
Enflurane
Halothane
Methoxyflurane
Nitrous Oxide
2. Asbestos
3. Benzoyl Peroxide
4. Beryllium
5. Cresol (All Isomers)
6. Cyanides
7. Dibutylphthalate
8. Ethyl Acrylate
9. Ethyl Chloride
10. Ethyl Silicate
11. Fluorides
12. Iodine
13. Lead, Inorganic Fumes and Dusts
14. Mercury
15. Methyl Acetate
16. Molybdenum Insoluble
17. Nickel, Metal and Soluble Compounds
18. Nickel Carbonyl
19. Nitrogen
20. Oil Mist, Mineral
21. Organic Chemicals
Acetone
Benzene
Ethyl Acetate

Ethyl Alcohol
 Ethyl Ether
 Ethylene Oxide
 Formaldehyde
 Isopropyl Alcohol
 Methyl Alcohol
 Methyl Ethyl Ketone
 Methyl Methacrylate
 Toluene

22. Oxygen
23. Petroleum Distillates
24. Phosphoric Acid
25. Phthalic Anhydride
26. Pickling Solutions
 - Hydrogen Chloride
 - Nitric Acid
 - Potassium Dichromate
 - Sulphuric Acid
27. Platinum, Soluble Salts
28. Propane
29. Silica (Amorphous)
30. Silica, Crystalline (Quartz)
31. Silver, Metal and Soluble Compounds
32. Talc, Nonasbestos Form
33. Tantalum
34. Tin, Inorganic Compounds
35. Tin, Organic Compounds
36. Titanium Dioxide
37. Uranium, Insoluble Compounds
38. Vinyl Chloride
39. Xylene
40. Zirconium Compounds

REFERENCES

1. ADA News, Oct. 23, 1989
2. Handling of Waste Materials Within Health Care Facilities, Canadian Standards Association, 1988
3. Journal of The American Dental Association, Vol. 119, July 1989, pp 159-166.
4. Tennessee Dental Assoc. et al "Toxic Substances in the Dental Workplace", 1988.

SUPERVISION REQUIREMENTS FOR DENTAL HYGIENISTS

Background

The dental profession supports the concept of an oral health care delivery team and the use of dental auxiliaries, within specified parameters, to expand opportunities for patient care and contain costs.

The Canadian Dental Association (CDA) is concerned with standards of oral health care delivery in Canada and recognizes the initiatives of provincial governments and other groups toward defining and rationalizing the duties of all types of health care workers and their working relationships. This position paper is formulated in an effort to avoid decisions being made that may compromise the quality of patient care.

Important Principles

CDA believes that any definition of the working relationship of the dentist and the dental hygienist, or of supervisory requirements for the latter, must respect the following principles:

1. (a) The dentist directs the oral health care delivery team because he or she is prepared and qualified to provide a comprehensive differential diagnosis of oral health status, to plan and render treatment required and to refer patients, as required, to another dentist or physician.
- (b) Primary oral health assessment requires a comprehensive differential diagnosis and treatment planning.
- (c) Dental hygiene is one frequently required group of oral therapies that may be indicated by a differential diagnosis.
- (d) Patient care is enhanced by an effective working relationship between the dentist and the dental hygienist.
- (e) Comprehensive patient oral health care cannot be achieved if the dental hygienist is an independent practitioner.
2. (a) Dental hygienists licensed by Dental Licensing Authorities should have representation - with full rights and responsibilities, including the right to vote - on the Board of the Dental Licensing Authority.

Practical Arrangements for Supervision of Hygienists

While dental hygienists can assist with the initial examination process, every patient treated by a hygienist must have the advantage of current diagnosis and treatment planning by a qualified dentist. This does not necessarily imply, however, that a dentist has to monitor every aspect of the work of the dental hygienist every time a patient is treated by a hygienist.

On the contrary, growing needs for oral health care, particularly in chronic care institutions, require supervisory arrangements that could permit appropriate scope for the hygienist while respecting the principles noted earlier.

CDA believes that there are two general approaches to supervisory arrangements which may be employed at the discretion of a dentist, as provincial regulations permit, to provide the varying degrees of scope appropriate in various circumstances while ensuring that the dentist is responsible for patient care. These approaches are described below.

While this document outlines two approaches to supervision endorsed and supported by the Canadian Dental Association, at the national level, it does not supersede, replace or affect provincially defined requirements for supervision outlined under the authority of the dental licensing body recognized under provincial legislation.

CATEGORY 1: IMMEDIATE SUPERVISION

Some duties or procedures performed by dental hygienists require supervision by a dentist who is physically present in the office and immediately available.

Definition of IMMEDIATE SUPERVISION

Immediate supervision means that a licensed dentist must:

- (a) Through direct examination of the patient diagnose the condition to be treated.
- (b) Authorize the procedures to be performed.
- (c) Respond in a practical fashion to requests for advice, assistance and/or suggestions made by the dental hygienist.
- (d) Review with the dental hygienist patient care provided and determine immediacy of requirement for the next dental examination of the patient.
- (e) Be physically present in the office suite or institutional dental service.

Rev. CDA/CID/Jan.90

CATEGORY 2: DIRECTION

Certain duties or procedures performed by dental hygienists may not require the dentist to be physically present in the office and immediately available.

For example, in long term care institutions or public health programs involving target groups of patients, a dental hygienist may be employed to carry out specific assigned duties under **DIRECTION**.

Definition of DIRECTION

Direction means that a licensed dentist must:

- (a) Through direct examination of the patient diagnose the condition to be treated.
- (b) Authorize the procedures to be performed.
- (c) Respond in a practical fashion to requests for advice, assistance **and/or suggestions** made by the dental hygienist.
- (d) Review with the dental hygienist patient care provided and determine immediacy of requirement for the next dental examination of the patient.

Considerations Affecting Choice of Supervisory Arrangement

Where provincial regulations permit, dentists may choose to delegate specific duties to dental hygienists under either **IMMEDIATE SUPERVISION** or **DIRECTION** while retaining full responsibility for patient care. While some duties of dental hygienists may be performed under **DIRECTION** rather than **IMMEDIATE SUPERVISION**, in making the choice of arrangements for supervision, the dentist must recognize that there are a number of factors to be taken into account beyond the consideration that the duties fall within the appropriate category of supervision. Some specific considerations include the following:

1. Seriously ill patients: Patients classified as medically-compromised present varying degrees of difficulty or risk with respect to dental care. Medically-compromised patients judged to be at high risk should receive treatment by a hygienist only under **IMMEDIATE SUPERVISION**.
2. Range of supervisory responsibilities: The dentist should provide **IMMEDIATE SUPERVISION** if he or she

is accepting responsibility for the work of numerous hygienists who are performing their duties at the same time. Dentists must recognize that the range of supervisory responsibility accepted must be reasonable and that they are accountable for their ability to ensure adequate patient care.

3. Experience of the dental hygienist: A dentist should not **assign** a dental hygienist to work under DIRECTION until he or she has confidence in the individual dental hygienist and the dental hygienist **has sufficient experience to feel prepared to do so.**

Permitted Dental Hygiene procedures may be performed under DIRECTION outside the dental office of the directing dentist provided the conditions outlined in (a) (b) (c) and (d) above have been satisfied, AND the following supplementary condition is unequivocally met:

The dental hygienist is performing the duties within an institution which provides medical services to which the dental patient has ready access (i.e. a physician is immediately available or on call) and the dental patient is under the overall care of a physician cooperating in the provision of the institutional medical services.

In public health settings it is also recognized that the dental hygienist may be authorized to perform preliminary assessment and provide oral hygiene instruction without prior dental diagnosis and treatment planning but within an overall pattern of patient care. Preliminary assessment is not equivalent to a comprehensive dental examination and the dental hygienist may commence treatment only upon the authorization of the supervising dentist who remains responsible for overall patient care in accordance with the principles outlined in this document.

CONCLUSION

Although Dental Hygienists, on the basis of their education, training and expertise cannot be viewed and are not recognized as primary care health workers or providers, they are qualified and recognized as members of the oral health care team providing a specific range of services under the supervision of a dentist. While the appropriate arrangement for supervision (immediate supervision or direction) is a matter of choice, supervision is always required and the services rendered by a hygienist are of full benefit only within the context of comprehensive oral health care provided by a dentist.

APPROVED

SUPERVISION REQUIREMENTS FOR DENTAL HYGIENISTS

Background

The dental profession supports the concept of an oral health care delivery team and the use of dental auxiliaries, within specified parameters, to expand opportunities for patient care and contain costs.

The Canadian Dental Association (CDA) is concerned with standards of oral health care delivery in Canada and recognizes the initiatives of provincial governments and other groups toward defining and rationalizing the duties of all types of health care workers and their working relationships. This position paper is formulated in an effort to avoid decisions being made that may compromise the quality of patient care.

Important Principles

CDA believes that any definition of the working relationship of the dentist and the dental hygienist, or of supervisory requirements for the latter, must respect the following principles:

1. (a) The dentist directs the oral health care delivery team because he or she is prepared and qualified to provide a comprehensive differential diagnosis of oral health status, to plan and render treatment required and to refer patients, as required, to another dentist or physician.
- (b) Primary oral health assessment requires a comprehensive differential diagnosis and treatment planning.
- (c) Dental hygiene is one frequently required group of oral therapies that may be indicated by a differential diagnosis.
- (d) Patient care is enhanced by an effective working relationship between the dentist and the dental hygienist.
- (e) Comprehensive patient oral health care cannot be achieved if the dental hygienist is an independent practitioner.
2. (a) Dental hygienists licensed by Dental Licensing Authorities should have representation - with full rights and responsibilities, including the right to vote - on the Board of the Dental Licensing Authority.

CDA Board of Governors
March 1990

Practical Arrangements for Supervision of Hygienists

While dental hygienists can assist with the initial examination process, every patient treated by a hygienist must have the advantage of current diagnosis and treatment planning by a qualified dentist. This does not necessarily imply, however, that a dentist has to monitor every aspect of the work of the dental hygienist every time a patient is treated by a hygienist.

On the contrary, growing needs for oral health care, particularly in chronic care institutions, require supervisory arrangements that could permit appropriate scope for the hygienist while respecting the principles noted earlier.

CDA believes that there are two general approaches to supervisory arrangements which may be employed at the discretion of a dentist, as provincial regulations permit, to provide the varying degrees of scope appropriate in various circumstances while ensuring that the dentist is responsible for patient care. These approaches are described below.

While this document outlines two approaches to supervision endorsed and supported by the Canadian Dental Association, at the national level, it does not supersede, replace or affect provincially defined requirements for supervision outlined under the authority of the dental licensing body recognized under provincial legislation.

CATEGORY 1: IMMEDIATE SUPERVISION

Some duties or procedures performed by dental hygienists require supervision by a dentist who is physically present in the office and immediately available.

Definition of IMMEDIATE SUPERVISION

Immediate supervision means that a licensed dentist must:

- (a) Through direct examination of the patient diagnose the condition to be treated.
- (b) Authorize the procedures to be performed.
- (c) Respond in a practical fashion to requests for advice, assistance and/or suggestions made by the dental hygienist.

- (d) Review with the dental hygienist patient care provided and determine immediacy of requirement for the next dental examination of the patient.
- (e) Be physically present in the office suite or institutional dental service.

CATEGORY 2: DIRECTION

Certain duties or procedures performed by dental hygienists may not require the dentist to be physically present in the office and immediately available.

For example, in long term care institutions or public health programs involving target groups of patients, a dental hygienist may be employed to carry out specific assigned duties under **DIRECTION**.

Definition of DIRECTION

Direction means that a licensed dentist must:

- (a) Through direct examination of the patient diagnose the condition to be treated.
- (b) Authorize the procedures to be performed.
- (c) Respond in a practical fashion to requests for advice, assistance and/or suggestions made by the dental hygienist.
- (d) Review with the dental hygienist patient care provided and determine immediacy of requirement for the next dental examination of the patient.

Considerations Affecting Choice of Supervisory Arrangement

Where provincial regulations permit, dentists may choose to delegate specific duties to dental hygienists under either IMMEDIATE SUPERVISION or DIRECTION while retaining full responsibility for patient care. While some duties of dental hygienists may be performed under DIRECTION rather than IMMEDIATE SUPERVISION, in making the choice of arrangements for supervision, the dentist must recognize that there are a number of factors to be taken into account beyond the consideration that the duties fall within the appropriate category of supervision. Some specific considerations include the following:

1. Seriously ill patients: Patients classified as medically-compromised present varying degrees of difficulty or risk with respect to dental care. Medically-compromised patients judged to be at high risk should receive treatment by a hygienist only under IMMEDIATE SUPERVISION.
2. Range of supervisory responsibilities: The dentist should provide IMMEDIATE SUPERVISION if he or she is accepting responsibility for the work of numerous hygienists who are performing their duties at the same time. Dentists must recognize that the range of supervisory responsibility accepted must be reasonable and that they are accountable for their ability to ensure adequate patient care.
3. Experience of the dental hygienist: A dentist should not assign a dental hygienist to work under DIRECTION until he or she has confidence in the individual dental hygienist and the dental hygienist has sufficient experience to feel prepared to do so.

Permitted Dental Hygiene procedures may be performed under DIRECTION outside the dental office of the directing dentist provided the conditions outlined in (a) (b) (c) and (d) above have been satisfied, AND the following supplementary condition is unequivocally met:

The dental hygienist is performing the duties within an institution which provides medical services to which the dental patient has ready access (i.e. a physician is immediately available or on call) and the dental patient is under the overall care of a physician cooperating in the provision of the institutional medical services.

CONCLUSION

Although Dental Hygienists, on the basis of their education, training and expertise cannot be viewed and are not recognized as primary care health workers or providers, they are qualified and recognized as members of the oral health care team providing a specific range of services under the supervision of a dentist. While the appropriate arrangement for supervision (immediate supervision or direction) is a matter of choice, supervision is always required and the services rendered by a hygienist are of full benefit only within the context of comprehensive oral health care provided by a dentist.

CDA Board of Governors
March 1990



Participants in Review Process - Credentialing Criteria:

Guidelines for Health Facilities

Dr. Leo Paul Landry	Canadian Medical Association, 1867 Alta Vista Drive, P.O. Box 8650, Ottawa ON, K1G 0G8
Dr. Normand DaSylva	Canadian Medical Association, 1867 Alta Vista Drive, P.O. Box 8650, Ottawa ON, K1G 0G8
Dr. R. Kilborn	180 Sterling Avenue North, Kitchener ON, N2H 3H2
Dr. Lionel Reese	201-450 Central Avenue, London ON, N2V 2M7
CMA Committee Members:	
Dr. Margaret Churchill	615 Main Street, Yarmouth NS, B5A 1K1
Dr. G. W. Karr	84 Duncan Avenue West, Peniticton BC, V2A 2Y2
Dr. Jean Guertin	98 rue Laval, Granby (Québec), J2G 7G8
Dr. B. R. Adams	1929 Russell Road, Suite 220, Ottawa ON, K1G 4G3
Dr. Jim Darragh	Royal College of Physicians and Surgeons of Canada, 74 Stanley Street, Ottawa ON, K1M 1T4
Dr. Pierre-Paul Demers	Royal College of Physicians and Surgeons of Canada, 74 Stanley Street, Ottawa ON, K1M 1T4
Dr. Reg Perkin	College of Family Physicians of Canada, 4000 Leslie Street, Willowdale ON, M2K 2R9
Dr. Roch Bernier	College of Family Physicians of Canada, 4000 Leslie Street, Willowdale ON, M2K 2R9
Mrs. Sylvia Smith	FCMLAC, PO Box 8234, 1867 Alta Vista Drive, Ottawa ON, K1G 3H7

Ms. Madeleine Mailhort	Canadian Bar Association, 50 O'Connor Street, Suite 902, Ottawa ON, K1P 6L2
Dr. Finlay McKerracher	Association of Canadian Teaching Hospitals, c/o Betty Curtin, Executive Offices, Ottawa Civic Hospital, 1053 Carling Avenue, Ottawa ON, K1Y 4E9
Mr. Ambrose Hearn	Canadian Council on Health Facilities Accreditation, 1815 Alta Vista Drive, Ottawa ON, K1G 3Y6
Dr. Raymond Carignan	Canadian Council on Health Facilities Accreditation, 1815 Alta Vista Drive, Ottawa ON, K1G 3Y6
Dr. Harvey Barkun	Association of Canadian Medical Colleges, 151 Slater Street, Ottawa ON, K1P 5N1
Dr. Gordon Judge	Association of Medical Directors of Teaching Hospitals, St. Joseph's Hospital, 50 Charlton Ave East, Hamilton ON, L8N 4A6
Mr. A. Jardine Neilson	Canadian Dental Association, 1815 Alta Vista Drive, Ottawa ON, K1G 3Y6
Dr. John Hardy	Department of Dental Services, Ottawa Civic Hospital, 1053 Carling Avenue, Ottawa ON, K1Y 4E9

For approval-in-principle by the policy setting bodies of interested organizations.

DEADLINE FOR RESPONSE: MARCH 31, 1990

Return comments/approvals to: Carol Clemenhagen
Canadian Hospital Association
17 York Street, Suite 100
Ottawa, Ontario K1N 9J6
FAX: (613) 238-6924

The (co)-sponsor(s) gratefully acknowledge(s) the advice provided by the Canadian... Association,... in the preparation of this document.

CREDENTIALING CRITERIA: GUIDELINES FOR HEALTH FACILITIES

'Credentialing' is the process by which:

- 1) the qualifications, training, performance and attributes of a health care professional who has applied for admitting and practice privileges (or the continuation of these privileges) at a health facility are verified, assessed and,
- 2) decisions are made concerning the individual's appointment, reappointment and practice privileges at that institution.

The credentialing process is based on procedural fairness and the informed interpretation of valid and reliable information. Criteria upon which applicants are judged are made as explicit as possible.

These guidelines concern the criteria that health facilities use to make decisions about the appointments and privileges of medical and dental staff*. The guidelines are intended as a resource for those who are delegated the responsibility and authority to implement policies and procedures for reviewing credentials, granting appointments and reappointments, delineating privileges and modifying or terminating those appointments and privileges. While useful in assisting health facilities, these guidelines do not eliminate the need for each facility to develop institution-specific provisions for a credentialing process which meets its particular needs and circumstances.

The responsibility for ensuring that a rigorous credentialing process is in place and effectively carried out on an ongoing basis rests with the Board of Trustees/Governing Body of each health facility. The institution's medical/dental staff is responsible for advising the Board of Trustees/Governing Body on all matters of clinical practice in the institution. This includes assessing the credentials and evaluating the performance of individuals holding or requesting appointments/reappointments and privileges.

* In the province of Québec, pharmacists are also subject to each health facility's credentialing process.

The statements presented below are intended to complement existing guidelines. The statements are written in a style which encourages individual health facilities to consider how each statement reflects or differs from that facility's current policy. Policies require periodic review and refinement to ensure that they reflect current knowledge and understanding and an appropriate organizational response.

Principles

- 1) The Board of Trustees/Governing Body of a health facility is responsible for the quality of the care that is delivered under its auspices and for the allocation and management of the health facility's resources.
- 2) The legislative framework for credentialing includes:
 - Charter of Rights and Freedoms
 - Hospital Act(s)
 - Legislation governing long term care facilities
 - Mental Health Act(s)
 - Health Disciplines legislation
 - Legislation concerning Provincial Licensing Authorities
 - Evidence Act(s)
 - Statutory Powers and Procedures Act(s)
- 3) The corporate framework for credentialing includes:
 - The health facility's bylaws and regulations
 - Terms of reference of committees
 - The health facility's medical manpower plan and recruitment practices for medical/dental staffing
 - The health facility's policies and procedures concerning the analysis of the resource impact of medical/dental staff appointments and privileges
 - Affiliation agreements
 - Standards for Accreditation
 - Royal College of Physicians and Surgeons of Canada
 - College of Family Physicians of Canada
 - Canadian Dental Association
 - Canadian Council on Health Facilities Accreditation
 - Professional and hospital/health association guidelines for medical manpower planning, impact analysis and credentialing
- 4) The Board of Trustees/Governing Body of a health facility makes appointment/reappointment decisions and delineates the privileges of the medical/dental staff in accordance with applicable legislation and bases its decisions on the needs and interests of the health facility and the community it serves as well as the credentialing recommendations of the medical/dental staff concerning each applicant's qualifications, knowledge, competence, performance and interpersonal skills.

- 5) The Board of Trustees/Governing Body is responsible for establishing an organizational framework of clearly defined lines of accountability that pinpoint the responsibility and authority of individuals and/or committees to:
 - develop and implement an institution-specific medical manpower plan
 - analyze the resource impact of medical/dental staff appointments and privileges
 - apply clearly defined, institution-specific procedures to reach reasonable and defensible decisions concerning appointments, reappointments and privileges
 - monitor and assess on a regular basis, using available information, the performance of members of the medical/dental staff
 - implement strategies to correct and improve performance, as appropriate
 - demonstrate to the Board of Trustees/Governing Body evidence of ongoing review of the qualifications, knowledge, competence, performance and interpersonal skills of individuals requesting or holding an appointment/reappointment and privileges.
- 6) Resources, support and skills training in performance monitoring/appraisal for clinical department heads in health facilities are needed to foster rigorous credentialing and ongoing performance assessment of medical/dental staff.
- 7) Granting appointments and delineating privileges are distinct and separate components of the credentialing process.
- 8) Applicants are responsible for demonstrating that they meet the facility's desired standards of professional practice. These standards are reasonably achievable under prevailing conditions and reflect the level of knowledge, care and skill that could be expected of a prudent and competent practitioner under similar circumstances.
- 9) The applicant is obligated to produce any reasonable information required by the health facility for credentialing purposes.
- 10) Applications may be refused for reasons over and above the applicant's professional credentials and competence such as the institution's mission, priorities, medical manpower plan, resource impact analysis and specific recruitment requirements.
- 11) Those aspects of an applicant's qualifications, experience, training, practice, ethics, competence, interpersonal skills or compatibility with the needs and interests of the organization which cause doubt, require immediate investigation based on explicit criteria to either dispel or confirm them. An opportunity for the candidate to explain or remove such doubt should be provided.
- 12) The Board of Trustees/Governing Body considers in its decision-making the substance of information about an applicant as well as its source, form and currency.

GUIDELINES FOR CREDENTIALING CRITERIA

The following criteria are generally applicable for both appointments and reappointments. The term 'knowledgeable officer(s)' is used to indicate a recognized, authoritative source. Where appropriate, knowledgeable officer(s) may include an applicant's peers.

CRITERIA	REQUIREMENTS	SOURCE OF INFORMATION
License to practise	Report on professional standing - confirmation of license to practise	Licensing body
Disciplinary action/ changes in license/ reductions in or revoca- tion of privileges	Report on professional standing/ record of performance Report on standing at current and/or previous health facilities	Licensing body Knowledgeable officer(s) of health facilities with which applicant is or was associated
Professional qualifica- tions - education and training - certification - previous appoint- ments/privileges	Report on professional standing - successful completion of appropriate, recognized edu- cational programmes - confirmation of certification status - chronology of <u>formal, appro- ved training pertinent to privileges requested</u> (for example: special training in technologically intensive special procedures) - chronology of actual <u>clinical experience pertinent to pri- vileges requested</u> - record of appointments/privi- leges previously held	Licensing/certification bodies knowledgeable officer(s) associated with training program(s) Knowledgeable officer(s) of health facilities with which applicant is or was associated

CRITERIA	REQUIREMENTS	SOURCE OF INFORMATION
Continuing education in privileges held/requested (for example: continuing education in technologically intensive procedures)	Report on professional standing - chronology and confirmation of successful completion of <u>regular continuing education pertinent to privileges requested and/or in prescribed categories</u> - report on applicant's knowledge, technical skills, judgment and experience <u>pertinent to privileges requested</u>	Licensing/certification bodies Educational institutions and other accredited bodies Knowledgeable officer(s) of health facilities and/or educational institutions with which applicant is or was associated
Interpersonal and communication skills	Report on applicant's ability to communicate with patients and work in a health care team	Knowledgeable officer(s) and/or peers
Performance profile	Report on applicant's performance profile (See Appendix A)	Knowledgeable officer(s)
Desirable skills pertinent to privileges requested - For example: - problem-solving skills - evaluation/quality assurance skills - managerial skills - other, special skills as required	Report on applicant's skills	Knowledgeable officer(s)

CRITERIA	REQUIREMENTS	SOURCE OF INFORMATION
Professional ethics	Report that applicant meets standards of conduct of Canadian Medical Association Code of Ethics; Canadian Dental Association Code of Ethics	Knowledgeable officers(s) and/or peers
Malpractice coverage	Specific coverage in category/class of practice relevant to privileges requested	Confirmation of appropriate coverage by protective association/insurer
Malpractice litigation	Report on malpractice litigation - past, pending and disposition of matter	Applicant/Applicant's protective association
University appointment(s) (when applicable)	Confirmation of appointment	University official(s)
Teaching experience/abilities (when applicable)	Report on applicant's abilities and experience and students' evaluation	Knowledgeable officer(s)
Research experience/abilities (when applicable)	Report on applicant's abilities and experience List of peer reviewed research projects for which applicant obtained funding	Knowledgeable officer(s) Applicant
Publications	List of publications	Applicant
Appropriate language skills	Fluency in a second language where applicable	Applicant

CRITERIA	REQUIREMENTS	SOURCE OF INFORMATION
References (for initial appointments only)	References by appropriate judges of applicant's knowledge and performance in area of practice for which privileges are requested Requests for references should specify those aspects of an applicant's training, experience and/or performance to which the referee should address his or her comments References and reports should be verified by the department head of department in which the applicant is requesting privileges	Knowledgeable, appropriate references
Resuscitation/life support training	Record of certification/recertification	Appropriate certification/recertification authorities
Physical and mental health status	Satisfactory health status to fulfil responsibilities of appointment and privileges.	Certificate of good health - health facility maintains right to request health examination of applicants and those hold- (continued)

CRITERIA	REQUIREMENTS	SOURCE OF INFORMATION
		ing privileges - the physician(s) who carries out the examination is selected by the facility and the applicant by mutual agreement - this physician(s), on behalf of the facility, assesses whether the individual has the capacity to perform the essential components of the job safely, efficiently and reliably - health facility maintains right to request certificate of good health after individual has been absent from work for a specified time period due to illness
Compliance with institutional bylaws, rules, regulations, policies and procedures	Statement of commitment to comply Compliance with bylaws, rules and regulations, policies and procedures	Applicant Knowledgeable officer(s)

Performance Profiles

A performance profile is a tool used to assist in evaluating a health professional for credentialing purposes. The content of the performance profile is addressed in the health facility's policies and procedures. Once compiled, a performance profile becomes a confidential document accessible to the Board of Trustees/Governing Body and the officers of administration and the medical/dental staff delegated specific responsibility and authority. The performance profile is used as one resource, among others, to assist in formulating credentialing recommendations. These recommendations assist the Board of Trustees/Governing Body in decision-making concerning appointments/reappointments and privileges.

The examples presented below are presented for discussion purposes and are not intended to be an exhaustive listing.

1. What questions does a performance profile help address?

- How competently is the individual exercising his privileges?
- Is the individual sufficiently active within his privileges to maintain competence?
- Are there aspects of performance or behaviour that suggest the need for further investigation or remedial action?
- Is there evidence of developing performance problems?
- Is there evidence of substandard practice?

2. What form can a performance profile take and how often is it compiled?

- The decision to compile cumulative performance profiles or to conduct periodic performance appraisals or any other form of performance review as well as the frequency and timing of these efforts are determined by each health facility on the basis of its individual needs and circumstances.

3. Who compiles and assesses performance profiles?

- The clinical department head plays a major role in the compilation and assessment of performance profile information. Other contributors may include the Medical Director, Chief of Staff and, in the province of Québec, the Directeur, Services professionnels.
- The applicant is informed and aware of the contents of his performance profile and its use as a resource in the credentialing process.

4. Who has access to a performance profile?

- Confidential information is safeguarded in accordance with ethical, professional practice and is subject to relevant legislation.*
- An individual is entitled to review his performance profile and to add comments and explanations to clarify results.

*Note: Evidence Act protection for quality assurance and peer review documentation and activities are not uniform across Canada.

5. What type of information could be included in a performance profile?

The nature and scope of performance profiles are tailored to meet the needs of the health facility's appointment, reappointment and performance monitoring processes.

Information on the following subjects, among others, may be included:

- activity statistics
- utilization of privileges
- maintenance of competence information
- clinical outcomes based on selected indicators
- indicator results illustrating patterns of practice
- practice variations compared to peer group averages
- participation in committees, rounds, meetings
- compliance with bylaws, regulations, policies and procedures
- adverse actions and/or behaviour problems
- reprimands from clinical department head and/or other facility officials
- client/family/staff complaints
- past/pending malpractice litigation and disposition of matter in which the candidate was a defendant.
- performance profile information from other health facilities where the individual holds an appointment and privileges.

Draft Policy Statement from JWC 14 on AIDS

DENTISTRY IN RELATION TO THE GLOBAL HIV EPIDEMIC

1. Ethics regarding persons with HIV infection

- 1.1 Patients with HIV infection should not be excluded from dental treatment on the grounds of infection alone.
- 1.2 Dental providers with HIV infection should be permitted to practise but should follow established procedures to prevent transmission of the virus.

2. Clinical infection control

- 2.1 Infection control procedures should be based on the assumption that any patient may have a transmissible condition.
- 2.2 Universal precautions should be adopted.

3. Relationship of oral and general health care

- 3.1 Relationships between the medical and dental professions need to be nurtured to achieve optimum health care for the HIV infected patient.
- 3.2 Dental and medical practitioners, where appropriate, should obtain assistance from each other.
- 3.3 Dentists and dental students should be able to diagnose oral manifestations found to be associated with HIV infection, take appropriate medical histories, and arrange necessary pathology tests.

4. Surveillance, epidemiology and research

- 4.1 The dental profession will partake in the documentation of the impact and scope of the epidemic. 97

- 4.2 National dental associations should foster the cooperation with the respective National AIDS Program and the Joint FDI/WHO Working Group 14 on AIDS.
- 4.3 An oral health component should be included in clinical, epidemiologic and health services research studies of HIV infection.
- 4.4 The dental associations should be active in disseminating information to the profession regarding the significance of oral manifestations of HIV infection.

5. Education and health promotion

- 5.1 Undergraduate and graduate dental curricula should include training in the recognition, diagnosis and treatment of oral manifestations of HIV infection and control procedures.
- 5.2 Continuing education programs on all aspects of HIV infection should be available to dental personnel.
- 5.3 Training of research personnel worldwide should be supported.
- 5.4 The public should be informed that provision of dental care is necessary for their welfare, and is safe.
- 5.5 The public should understand the importance of an accurate, and up-to-date medical history.
- 5.6 The importance of the oral manifestations of HIV infection should be communicated to the public.

COMMITTEE ON CONSUMER PRODUCT RECOGNITION

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. M. Eggert, Chairman, Edmonton
Dr. E.C.S. Chan, Montreal
Dr. W.B. Chapple, Port Hope
Dr. H. Limeback, Toronto
Dr. H.S. Sandhu, London
Dr. M. Akoury, HPB, Health & Welfare Canada
(Observer)

Executive Liaison: Dr. F. Bourassa, Regina

Coordinator: Mr. B. Henderson, Director Professional Services

1. Committee Meetings

The Committee on Consumer Product Recognition has held one meeting since the annual meeting of the CDA Board of Governors in Vancouver in August which took place on October 12, 1989. This report does not contain any motions requiring action from the Board and is presented as an information update on Committee activities.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. The Committee is pleased to report the publication of an article entitled "Xylitol in Chewing Gum: A Discussion on Developing CDA Guidelines for the Recognition of Food Products with Dental Therapeutic Claims" prepared by Dr. Hardy Limeback and Dr. Michael Eggert in the CDA Journal. This article explores issues related to the question of whether CDA should become involved in recognizing food products, and invites your advice and comments.
3. A cost analysis study will be initiated by Mr. Henderson to determine as closely as possible the operating figures for this Committee's activities. This will be carried out in the light of budget restrictions and in the hope that the Committee would be in a position to recover most of its operating costs through the Seal of Recognition program it currently operates.
4. A database has been established for the CPR Committee which will allow the staff easy access to all data concerning the Seal of Recognition program.

5. Dr. G.H.W. Bowden of Winnipeg has resigned from the Committee and suggestions are being sought for a replacement. The Committee will review all suggestions at the next meeting prior to forwarding advice to the Board of Governors.
6. Committee members are currently working on a draft of guidelines for the recognition of consumer products effective against caries. The current draft is being circulated to all interested parties for feedback and comments will be considered at the next meeting of the CPR Committee.
7. The Committee is continuing to refine the process followed when making applications for product recognition. It is hoped that this streamlining will result in a complete information package which will be made available to companies outlining the exact steps to be taken when applying for the CDA Seal of Recognition and that this will result in more preliminary information being available to the Committee.
8. A question concerning the safety of disclosing tablets from dental personnel and the public prompted the Committee to make inquiries of the Health Protection Branch of Health & Welfare Canada. The CPR Committee was told that all products with Canadian DIN numbers have been tested and approved and that these products are under constant review.
9. Discussions concerning the development of a statement on gingivitis are on-going with Health & Welfare Canada.
10. The CPR Committee wishes to thank Mr. Brian Henderson, Director Professional Services and Mrs. Lorraine Emmerson for their assistance during this past year.

Respectfully submitted,

F. Michael Eggert, D.D.S.,
MRCPD(C), M.Sc., PH.D.,
Chairman, Consumer Product
Recognition Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Consumer Product Recognition Committee as information.

CONVENTION COMMITTEE

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

General Chairman: Dr. Michel Jahjah, Montréal

Executive Liaison: Mr. Jardine Neilson

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Convention Registration

As you already know, the original plan to offer the convention as a membership benefit for 1990 has been adopted. All members of the CDA who pre-register before July 10, 1990 will be offered complimentary registration to the two-and-a-half day convention and exhibits. This approach is based on a break-even budget.

2. Scientific Program

The 1990 Scientific Program has been established and is almost finalized. Four pre-convention courses will be offered, two on Saturday, August 25th and two on Sunday, August 26th. These courses will be held in the Westin Hotel and the Ottawa Congress Centre.

Scientific sessions will be held at the Ottawa Congress Centre, the Westin Hotel, the Chateau Laurier Hotel and the Four Seasons.

Participation of the speakers listed below has been confirmed:

Pre-Convention

Dr. William STRUPP	Predictable Anterior Crown & Bridge
Dr. Dick BARNES	Building a More Successful Practice
Dr. Irvin ROSEMAN	Endodontics for the 1990's
Dr. Torsten JEMT	Basic Clinical Prosthetic Training Course on Osseointegrated Implants

Convention

Dr. Marion BALLA	Conflict Resolution
Dr. William BOTTOMLEY	Drugs Therapy
Dr. Joseph CHASTEEN	Practice Management
Major Murray CUFF	(Periodontist - CFDS program)
Major Paul DEMERS	(Oral & Maxillofacial Surgeon - CFDS)
Dr. Ronald FEINMAN	Porcelain Laminates - A Seven-Year Update
	Chemical Alterations of Enamel Color
Dr. John HARDIE	Infection Control
Major Tom HARLE	(Prosthodontist - CFDS)
Dr. Matthias HOURIGAN	Camera Clinic for Slide Shooters
	A "Bread & Butter" Office Oral Surgery Review
Dr. Allen KINCHELOE	Esthetics for the 1990's
Dr. Leon LEMIAN	Endodontics (French)
Dr. Norman LEVINE	Dentistry for the Disabled
Dr. Tom LIMOLI	(Insurance)
Major Mark MATTHEWS	(Oral & Maxillofacial Surgeon - CFDS)
Dr. Glen MCGIVNEY	(Partial Dentures)
Dr. Ralph PHILLIPS	Dental Materials
Dr. Dianne REKOW	Cadcam
Dr. Harry ROSEN	Geriatric Dentistry
Dr. Stephane SCHWARTZ	Paediodontics (english/french)

Dr. Lendon SMITH

Humour as a Healer

Dr. Franklin WEINE

What's New in Endodontics

Preparation of Extremely Curved
Canals

** In addition there will one whole day offered by the University of Toronto, one whole day offered by the University of Western Ontario, and a full day on Esthetics offered by the Royal College of Dentists, as well as a CFDE guest speaker.

3. Ottawa Dental Society

The Ottawa Dental Society has been contacted and participation by its members confirmed. Dr. Elizabeth MacSween, who will be President of the ODS in 1990 has been approached to be on the committee and has accepted. By the time the Board meets the complete committee will be established.

4. Details regarding 1990 Board Meeting

In consultation with the senior staff of CDA, the 1990 Board of Governors Meeting will be held August 24th and 25th in the Ballroom of the Chateau Laurier Hotel, with lunch being served in the Chateau's Banquet Room.

Members of the Executive Council and Board of Governors will be housed at the Westin Hotel and the Chateau Laurier.

5. 1990 Installation Dinner

The 1990 Installation Dinner will be held in the Confederation Ballroom of the Westin Hotel on Friday, August 24th. The reception and cocktails will be held in Confederation Room II and the dinner/dance will be in Confederation Room I.

6. 1990 Convention Hotels

The following hotels have room blocks for convention delegates participating in the 1990 CDA Convention:

Westin Hotel (CDA Headquarters)
Chateau Laurier Hotel
Four Seasons Hotel
Novotel
Minto Place

7. Exhibits

Exhibitor kits have been forwarded to 1990 potential exhibitors. It is anticipated that about the same number of booths as last year will be sold this year. However, due to limited space, the exhibit hall has been divided into two areas: the main hall of the Ottawa Congress Centre (2nd level) and the foyer to the main hall.

8. CFDS 75th Anniversary Celebration

The Canadian Forces Dental Services will be celebrating their 75th Anniversary during the 1990 CDA Convention. On Monday, August 27th four CFDS speakers will deliver presentations.

Special activities for the 75th Anniversary Celebrations will be hosted at the Skyline Hotel by CFDS and RCDC.

9. Canadian Dental Assistants' Association

Meetings have taken place with Diane Pike, CDAA representative on the 1990 Convention Committee.

10. Canadian Dental Hygienists' Association

Participation by CDHA at the 1990 Convention has been confirmed and we are working to develop a program of special interest to dental hygienists. Ms. Dale Scanlan has been appointed as the CDHA representative on the 1990 Convention Committee.

11. ICD Participation

The International College of Dentists will be holding its activities at the Chateau Laurier Hotel. ICD convention delegates requiring hotel accommodations will be booked at the Chateau Laurier through the CDA Convention headquarters until two months prior to the convention.

Respectfully submitted,

Michel Jahjah, D.D.S.
General Chairman
CDA Conventions

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Convention Committee as information.

COMMITTEE ON DENTAL MATERIALS AND DEVICES

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. R.Y. Barolet, Chairman, Montreal
Dr. P. Desautels, Montreal
Dr. L. Johnson, London
Dr. D. Jones, Halifax
Dr. R. Roydhouse, Vancouver
Dr. D. Smith, Toronto
Dr. P.T. Williams, Winnipeg
Dr. R. Viau - Observer - DIAC
Mr. A. Zwingenberger - Observer - DIAC
Ms. D. Allen - Observer - DIST
Dr. A. Chawla - Observer - HPB

Executive

Liaison: Dr. F. Bourassa, Regina

Coordinator: Mr. B. Henderson, Director, Professional Services

1. Committee Meetings

The Committee has held one meeting since its report to the 1989 Meeting of the CDA Board of Governors; the meeting was held on October 13, 1989.

There are no items requiring board action arising from this meeting.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Toothbrush Statement Program

The CDA Toothbrush Statement Program has been implemented and the first product, the POH Toothbrush from the Von Shawmann Corporation has received CDA Recognition. Under the program, manufacturers may apply to use the statement "to help maintain healthy teeth and gums, CDA suggests toothbrushes be replaced every 2-3 months". The initial fee for participation in this program is \$2,500.00 and the annual fee is \$1,000.00.

The Committee understands that the program was introduced administratively because such a statement had been in use by the Oral-B Company and other manufacturers had expressed interest. The statement may only be used on packaging and not in advertisements and the Committee has the right to refuse recognition to inferior products by not accepting their submissions illustrating that the product has acceptable quality assurance processes in place during manufacturing.

The Committee has accepted the responsibility for monitoring the program suggesting amendments as required and advising the Board with respect to the future disposition of this new program.

3. CDRF Award

Twenty applications were received for the Canadian Dental Research Foundation Award, an enormous number in comparison to previous years. The \$2,000.00 award was presented to Dr. Chris Overall and the institutional trophy was awarded to the University of Toronto.

4. Mercury in Dental Amalgam

The Committee continues to monitor scientific literature on the subject of mercury in dental amalgam. At the last meeting, three articles were reviewed which tended to corroborate the Committee's critical assessment of studies which had suggested that mercury was a significant hazard. These papers were: "Determination of the rate of release of intra-oral mercury vapour from amalgam", Journal of Dental Research, Sept. 1988. "The contribution of dental amalgam to mercury in blood", Journal of Dental Research, May 1989. "Blood mercury content after chewing", Short Communications, April 1988.

The Committee strongly supports continuing research in this field.

Executive Council supports continuing research and suggests the Committee write to faculties of dentistry and encourage research in this area.

Dr. John Gourley of Cornerbrook, Newfoundland (CDA spokesman on mercury) attended the meeting of the Committee as an observer. The Committee maintains liaison with Dr. Gourley on this topic and directs inquiries to him.

5. Liaison with Health Protection Branch

A new representative from Health and Welfare, Dr. Attar Chawla attended the meeting and reviewed the mandate of the Health Protection Branch in relation to standards for implants and other problematic areas. A list of HPB approved implant manufacturers is made available annually and the Committee has requested that a copy of the list be provided to the CDA Journal for publication.

6. Liaison with the Dental Industries Association

Mr. Arthur Zwingenberger reported on activities of the Dental Industries Association. He noted that the announcement of the Professional Products Recognition Program had been received by the industry and indicated that an informal DIAC polling suggested that interest was not strong. A meeting of the Chairman and Committee Coordinator with DIAC to explain the program is being planned along with additional publicity in the CDA Journal.

7. Statement on Ethical Consideration of the Replacement of Serviceable Amalgam Restoration

The Committee reviewed the statement as requested by the Board of Governors and suggested a change in the preamble to read "no definitive studies or case reports". The statement was approved as amended and this information was conveyed to the CDA Executive Council.

8. A National Standard for Surgical Rubber Gloves

Dr. Ralph Barolet served as the Canadian Dental Association representative on a Canadian General Standards Board Committee which established a certification program for surgical rubber gloves. It is possible that this category of product may be added to the CDA Professional Products Recognition Program; this topic is on the agenda of the next meeting.

9. Appreciation

I would like to express my appreciation to the members of the Committee, the observers from Health and Welfare and the Dental Industry and staff for the cooperation and effort involved in maintaining programs operated under the Committee's authority and for productive discussion, at each meeting, of issues of current concern.

Respectfully submitted

Ralph Y. Barolet, D.D.S., Chairman
Committee on Dental Materials & Devices

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Committee on Dental Materials and Devices as information.

DENTAL SPECIALTIES COMMITTEE

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. J.N. Wright, Chairman, Winnipeg - Canadian Academy of Periodontology
Dr. H. Gaucher, Ste-Foy - Association of Prosthodontists of Canada
Dr. J. Phillips, Oshawa - Canadian Academy of Endodontics
Dr. C. Price, Vancouver - Canadian Academy of Oral Radiology
Dr. D. Precious, Halifax - Canadian Association of Oral and Maxillofacial Surgeons
Dr. R. Pass, Toronto - Canadian Association of Orthodontists
Dr. D. Mock, Toronto - Canadian Academy of Oral Pathology
Dr. B. Lafontaine, Québec - Canadian Society of Public Health Dentists
Dr. J.V. Legault, Montréal - Canadian Academy of Pediatric Dentistry
Dr. R. Moran, Toronto - RCDC (Observer)

Executive

Liaison: Dr. B. Dolman, Montreal

Coordinator: Mrs. S. Deziel

1. Committee Meetings

The Dental Specialties Committee has met once since its last report to the 1989 Interim Meeting of the CDA Board of Governors, that being on January 12, 1990 at the CDA Building in Ottawa.

ITEMS REQUIRING BOARD ACTION

2. Qualifications and Credentials of Directors of Specialty Programs

At the 1988 Annual Meeting of the CDA Board of Governors, a resolution was adopted on recommendation of the Dental Specialties Committee, that the Council on Education and Accreditation be asked to consider that because of the unique characteristics of an appointment in oral and maxillofacial surgery, that ideally directors of graduate programs in oral and maxillofacial surgery either possess fellowship in the Royal College of Dentists of Canada in oral and maxillofacial surgery, or obtain it within two years of becoming a director.

This matter was discussed by the Council on Education and Accreditation, and Council recommended to the Board of Governors at the 1989 Annual Meeting that a change be made in the global requirement for each of the specialties. Following that recommendation, motion number 89.75, quoted below was approved by the Board.

"89.75 THAT the Board approve the global revision of all the accreditation requirements for dental specialties to incorporate the following new wording: "the director of a specialty program must possess advanced education in the related specialty and should qualify for membership or fellowship in the Royal College of Dentists of Canada".

ADOPTED"

The Dental Specialties Committee reviewed the above motion and expressed concern that the wording could lead to a misinterpretation of the intent. The Committee therefore recommends that the Board approve the following re-wording for reconsideration of the Council on Education and Accreditation.

RESOLVED;

90.18 THAT the Board approve the global revision of all the accreditation requirements for dental specialties to incorporate the following new wording: "the director of a specialty program must possess advanced education in the related specialty and should possess membership or fellowship in the Royal College of Dentists of Canada".

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**3. Specialty Codes - Uniform System of Codes and List of Services**

The Uniform System of Codes and List of Services implemented January 1, 1990, contained significant changes which resulted through consultation and dialogue with dental specialty groups. The Third Party Dental Plans Committee is now reviewing the document for recommended changes during 1991, and has invited each specialty group to send a representative to meet with it to discuss concerns they may have with the existing codes.

The Dental Specialties Committee recognizes the high level of cooperation and interface that has taken place between the Third Party Dental Plans Committee and the specialty groups, and believes strongly that regular dialogue will benefit all concerned.

4. Implantology

At the 1988 Annual Meeting of the CDA Board of Governors, a recommendation from the Dental Specialties Committee was adopted as follows:

"That the Canadian Association of Oral and Maxillofacial Surgeons and the Canadian Academy of Periodontology suggest that their members work exclusively with licensed dentists for the prosthetic rehabilitation of implantations...".

The Canadian Academy of Periodontology, at its Annual Meeting held in May 1989, approved the following motion.

"Patients who have had the surgical phase of implantology should only be referred to duly qualified dentists for restorative treatment".

5. Certification and Licensure of Dental Specialists

The Committee reviewed Discussion Paper # 2 generated by the Ad Hoc Committee reviewing Certification and Licensure of Dental Specialists, and the input that has been received to date from the different interest groups. The Committee was informed that Mr. Brian Henderson, Director of Education and

Accreditation had met with the licensing bodies recently and extended to them an invitation to name additional representatives to the Ad Hoc Committee during the next phase of its deliberations. Some excellent input has been received to Discussion Paper # 2 and the principles will be re-examined for possible modification.

APPENDIX I

The Committee reviewed the six principles endorsing principles 1 and 2, and principle 3 with the clarification provided in Discussion Paper # 2. It was agreed that consensus on principle number 4 would be the main difficulty with the task of the Ad Hoc Committee. The comments and concerns expressed by the different specialty groups without questioning their validity, are divergent. It was stressed that national specialty organizations must have input in establishing the credentials for their specialty and the accreditation of specialty programs.

The re-wording of principle 5 is dependent on the outcome of the proposals with regard to principle 4. Principle 6, that of grand-parenting, has the potential to cause division.

6. Specialty Representation on the New Councils on Education and Accreditation

As requested by the Dental Specialties Committee through the CDA Executive Council, the Council on Education and Accreditation reviewed the current provision for representation of Dental Specialties on the Councils on Education and Accreditation. At the 1989 Annual Meeting of the CDA Board of Governors, a recommendation from Council was adopted that the Dental Specialties Committee nominate a member to the CDA Council on Accreditation. Appropriate revisions to the CDA Constitution and By-Laws will be presented to the 1990 Interim Meeting.

The Dental Specialties Committee has nominated Dr. Richard Pass, Past-President of the Canadian Association of Orthodontists, and the CAO's representative to the Dental Specialties Committee, as the Dental Specialties nomination to the CDA Council on Accreditation. That nomination will be forwarded to the Committee on Nominations, Awards and Trusts for appropriate action.

7. Guidelines for Referring Patients to Dental Specialists

A document entitled "General Guidelines for Referring Dental Patients to Specialists and Other Settings for Care", produced by the Council on Dental Practice of the American Dental Association in May, 1988, was provided to the Committee for information. The Committee's preliminary review indicated that there may be some merit to producing similar guidelines for the Canadian Dental Association. While recognizing that input from other CDA committees, including the Committee on Ethics and the Committee on Community and Institutional Dentistry will be required, the Committee believed that it was the most appropriate Committee to draft Canadian guidelines.

As a starting point, the American document will be circulated for review and comment to the following: The Royal College of Dentists of Canada, National Specialty Organizations, Licensing and Corporate Bodies, CDA Committee on Ethics, and the CDA Committee on Community and Institutional Dentistry. The CDA standard referral form will be circulated with this document in order that it be reviewed in concert with the proposal to produce CDA guidelines.

8. Financial Support for Accreditation - Assessment Fee for Dental Specialties

In 1989, the Ad Hoc Committee reviewing the Financial Support for Accreditation received Board approval for a recommendation that CDA approach each of the dental specialty organizations, with a goal of establishing annual assessments of \$10.00 per certificant with assessments to be drafted annually. The Dental Specialties Committee unanimously supported the principle of the dental specialty organizations contributing financially to the Accreditation program.

Negotiations will be required with each specialty organization individually, and the Committee noted that the smaller specialty groups may have difficulty with the financial support as recommended in the original motion. It was further noted that the wording "per certificant" relative to specialty organizations is ambiguous and requires further

clarification. The additional representation on the Council on Accreditation of the dental specialists is added recognition of the specialties role in the accreditation program, and financial commitment is appropriate. The Director of Education and Accreditation will correspond with the specialty organizations to initiate discussion and negotiations.

9. Professional Malpractice Insurance - Banding by Specialties

Dr. Moran stated that banding for the purpose of professional malpractice insurance by specialty exists in the U.S.A. and within the medical profession in Canada. He suggested this Committee should keep a careful eye on the situation in Canada.

Executive Council cautions the Committee to be aware of the effects of fragmentation of malpractice insurance.

10. Specialty Contribution to the CDA Journal

The Editor of the CDA Journal, Dr. Ralph Crawford, brought Committee members up-to-date on the mechanisms established over the past year for specialty contributions to the Journal. The system of specialty editors and consulting editors is in place and is working extremely well to the benefit of the Journal.

11. Changes in Committee Membership

I will be stepping down after serving for three years as Chairman and representative of the Canadian Academy of Periodontology.

The Canadian Academy of Periodontology has forwarded a nomination to the President of the CDA for his consideration in filling the vacancy created by my resignation. The Committee on Dental Specialties nominated a Committee member to assume the Chair of the Committee. This nomination has also been forwarded to the President for his consideration.

As this is my final report to the Board, I would like to take the opportunity to thank the Canadian Dental Association for the opportunity of serving in this capacity. I believe that the Committee has made a valuable contribution over the past three years, and will continue to do so to the benefit of the specialists in Canada and the Canadian Dental Association.

12. Appreciation

I would like to express my thanks and appreciation to Mrs. Sandra Deziel, Coordinator to the Committee, and Mrs. Suzanne Burton, Council Secretary, for their help and assistance over the past years, and to Mr. Brian Henderson for his participation in the Committee meetings.

Respectfully submitted,

James N. Wright, Chairman
Dental Specialties Committee

FILING OF REPORT

The Board of Governors accepts the report of the Dental Specialties Committee with appreciation.

DISCUSSION PAPER 2

**Ad Hoc Committee Reviewing Certification and Licensure
of Dental Specialists**

It has been evident for some time that there is an increasing concern -- across a number of the associations and organizations representing the various interests of the dental profession -- to attempt to rationalize processes related to the certification and provincial recognition of specialists in the various dental disciplines. The Canadian Dental Association was approached by the National Dental Examining Board of Canada and the Royal College of Canada to play a role in reviewing current arrangements for provincial recognition of dental specialists across Canada and making recommendations on how a more unified and consistent approach to recognition of dental specialists might be developed. The CDA Board of Governors established an Ad Hoc Committee charged with this task in August 1988. The membership of the Ad Hoc Committee on Specialty Certification and Licensure is as follows:

Dr. Arthur Schwartz, Chairman

Dr. Henry Dick, N.D.E.B. representative

Dr. Rod Moran, R.C.D.C. representative

Dr. Jim Wright, Chairman, CDA Committee on Dental
Specialties

Dr. Pierre-Yves Lamarche, Provincial Licensing Authorities
representative

Brian Henderson, CDA Director of Education and Accreditation

In March of 1989 the Ad Hoc Committee circulated Discussion Paper 1 -- A Principles Approach to the Certification of Dental Specialists in which the following Principles were identified as the proposed foundation for Committee recommendations:

1. The process of granting a national certificate in a dental specialty must recognize the authority of licensing bodies in each province.
2. Provincial Licensing bodies should recognize and grant provincial specialty certification to specialists holding a national certificate.
3. The process of granting a national certificate in a dental specialty must be in harmony with national standards for educational programs preparing specialists.
4. The process of granting a national certificate in a dental specialty must be based upon examination of individual candidates.
5. The process of granting a national certificate in a dental specialty must provide for the examination of provincially licensed dentists who are graduates of non-accredited, university-based programs in the dental specialties.
6. The introduction of a new process of granting a national certificate in a dental specialty must initially grant a national certificate to dental specialists holding provincial certification in a recognized specialty at the time the new process is introduced.

Discussion Paper 1 was sent to the following:

N.D.E.B.

R.C.D.S.

A.C.F.D.

Provincial Licensing Authorities

All national specialty groups

Federation of Specialties in Quebec

Deans of Schools of Dentistry

All accredited specialty programs

CDA Corporate members

CDA Executive Council

CDA Board of Governors

CDA Committee on Dental Specialists

CDA Council on Education & Accreditation

These groups were encouraged to review the Discussion Paper and present considered responses which might assist the Committee with its goal of enhancing current processes for the certification/recognition of Specialists, reducing problems and improving the national portability of Specialists. As of August 1st 1989, responses have been received from the following:

Executive Director/Registrar, Alberta Dental Association

Association of Prosthodontists of Canada

Canadian Academy of Endodontics

Canadian Academy of Oral Radiology

Canadian Association of Orthodontists

Canadian Academy of Periodontology

Federation of Dental Specialists of Quebec

Dr. James Flynn, Orthodontist (Newfoundland Dental Association)

President, Manitoba Dental Association

National Dental Examining Board of Canada

Provincial Dental Board of Nova Scotia

Royal College of Dentists of Canada

Royal College of Dental Surgeons of Ontario

Dr. K. R. Strong

Dean and Faculty members, Faculty of Dentistry, University of Toronto

Dean, Faculty of Dentistry, University of Western Ontario

Comments from the above have been considered in relation to each of the six principles outlined in Discussion Paper 1. In this second Discussion Paper, each of the principles is reviewed in the context of reaction received and the principles have been clarified and in some cases tentatively modified.

REACTION TO EACH OF THE PRINCIPLES:

PRINCIPLE 1

"The process of granting a national certificate in a dental specialty must recognize the authority of licensing bodies in each province."

This fundamental principle has not been challenged in any of the responses received. Several responses in fact, underline the importance of this Principle. The response by Dr. Bruno Martinello, Executive Director/Registrar of the Alberta Dental Association, for example, emphasizes that a system should include "recognition of the authority of licensing bodies in Alberta in order that those familiar with the dental situation in Alberta are directly involved in decisions as to who can practice in Alberta." Dr. D. M. Bonang writing on behalf of the Provincial Dental Board of Nova Scotia states "the Board is of the opinion that any organization or body examining for national specialty certification must be conflict-free and accountable to the Provincial Licensing Authorities".

Dr. Victor Legault and Dr. Richard Taché writing on behalf of the Order of Specialists of Quebec suggest that this principle is of such paramount importance that an attempt to establish any consistency or uniformity nationally is a waste of time.

Finally, the National Dental Examining Board of Canada states, "a national certification mechanism must have representation from and be accountable to the Provincial Licensing Authorities in order that the certificates issued may be recognized by the respective authorities. Such a mechanism has existed since 1973 by the amended N.D.E.B. Act of Parliament (see attached). "The N.D.E.B. submission was accompanied by a copy of Chapter 55, 21-22 Elizabeth II, Legislation assented to December 21, 1973 respecting the National Dental Examining Board of Canada".

The Committee believes that Principle 1 should stand unchanged in view of comments received.

PRINCIPLE 2

"Provincial Licensing Bodies should recognize and grant provincial specialty certification to specialists holding a national certificate."

As might be gathered from the strength of comments received in relation to Principle 1, support for this Principle has frequently been expressed with strong qualifications. One of the fundamental qualifications expressed is the concern about how the national certificate is to be granted. Dr. Bonang of the Provincial Dental Board of Nova Scotia points out a concern that national certification should be granted only to "those specialists holding provincial certification who have successfully sat national specialty examinations -- i.e. no grandfathering of individuals with provincial specialty status who have not sat any national examination". Further comments in this regard are dealt with in the discussion of Principle 6. Comments either supporting or

opposing the need for a national examination as a basis for a national certificate are dealt with in the discussion of Principle 4.

There is less opposition to this Principle, however, than there is scepticism about the likelihood of its achievement. The comments of Drs. Tache and Legault quoted earlier illustrate this, as does the following comment from Dr. G. Kravis on behalf of the N.D.E.B.: "This principle is entirely at the discretion of each Provincial Licensing Authority and thus represents a motherhood statement". The response from the Canadian Association of Orthodontists weighs some of the practicalities involved: "There may be merit in evaluating the possibility of granting restricted licenses to practice a specific specialty rather than granting a general license. Specialists such as endodontists, oral and maxillofacial surgeons, orthodontists, and periodontists are most likely not to practice general dentistry and limit their practice to their specialty. The granting of provincial specialty certificates and restricted practice licenses may resolve licensing bodies' concerns for public protection since the specialist would have been certified for restricted dental procedures. Other specialists such as dental public health, oral medicine, oral pathology, oral radiology, pediatric dentists and prosthodontists who may practice general dentistry would need to satisfy licensing body concerns. It would be most favourable if reciprocity between provincial licensing bodies existed. The major obstacle for specialist portability is the acquiring of the dental license to practice."

Following review of comments touching this Principle the Committee has concluded that it should stand unchanged as an ideal as a goal notwithstanding the fact that it may be difficult to achieve.

PRINCIPLE 3

"The process of granting a national certificate in a dental specialty must be in harmony with national standards for educational programs preparing specialists."

Some of the comments received on Principle 3 indicate that it was not clearly understood. Dr. Kravis of the National Dental Examining Board of Canada notes "we find it difficult to comment on this item, since we are not clear how a "process" can be in harmony with "educational standards". The Committee's intent was to suggest that standards for educational programs in the dental specialties must be satisfactorily correlated with the standards for national certification. This implies some sort of formal mediation with representation from education and from licensing authorities. At the undergraduate level, this need is met by the accreditation process. The Committee's intent was most clearly recognized and supported in comments presented in the brief from the Canadian Association of Orthodontists:

"the standards for specialist educational programs cannot easily be determined independently by Provincial Licensing Bodies nor is there an inclination to proceed in this direction. National standards are currently determined by the Councils on Education and Accreditation and it must therefore follow that the principles that have been accepted for undergraduate dentistry must be made applicable to specialty/graduate/postgraduate programs without any pretention that the dental specialists are distinct and unrelated to the national body and its current accepted mechanisms of qualification and licensure."

The CAO brief goes on to recommend "that the Council on Education and Accreditation establish a statement of acceptable national professional competencies to be expected of graduates of an accredited graduate/postgraduate program in dentistry. The

response from the Royal College of Dentists of Canada appropriately notes the need for appropriate input, emphasizing that "the standards presently existing at the undergraduate level are not totally applicable to the graduate level in terms of the involvement of and avenues of contributions from the Provincial Licensing Bodies."

The brief from Dr. Martinello of the Alberta Dental Association anticipates the potential role of the accreditation process in correlating national standards for educational programs and certification processes: "fundamental to any national certification for prosthodontists would be the need to have graduated from an accredited prosthodontic program in Canada or the United States". Accreditation has been the national mechanism which should continue to play a role in influencing educational programs in the dental specialties to meet standards consistent with those required for certification in a specific specialty. The brief from the Canadian Association of Orthodontists quotes the following paragraph from the Report of the Task Force on Future Planning:

"A fundamental concern of the accreditation process is providing the assurance that educational programs meet specific minimum national standards...the current Council on Education and Accreditation plays a special role as a major interface between the fields of dental practice, certification and licensure and the field of education. It bridges these fields by developing and maintaining accreditation standards that reflect the needs and realities of current practice and by ensuring, through on-site surveys, that educational programs

meet these standards. It provides a basis for recognition of individual graduates for the purpose of certification. It encourages educational programs to develop and respond to changing patterns of oral health needs."

The Ad Hoc Committee believes that Principle 3 should stand unchanged in view of comments received. It is hoped that this clarification of intent will resolve any concerns expressed.

PRINCIPLE 4

"The process of granting a national certificate in a dental specialty must be based upon examination of individual candidates."

Responses supporting this point of view include those from the Provincial Dental Board of Nova Scotia, the Manitoba Dental Association, the Royal College of Dentists of Canada, the National Dental Examining Board of Canada, Dr. Ronald Fisher (informally submitted on behalf of the Canadian Association of Prosthodontists) Dr. Ralph Brooke, the University of Western Ontario, Dr. J.H.P. Main, University of Toronto and Dr. Colin Price, Canadian Academy of Oral Radiology.

On the other hand, a carefully prepared brief in response to Discussion Paper 1 from the Canadian Association of Orthodontists presents strong arguments for the validity of a process recognizing dental specialists on the basis of graduation from accredited programs. A similar position is taken by Dr. James H. Flynn writing on behalf of the Newfoundland Dental Association and by Dr. Bruno Martinello of the Alberta Dental Association. Dr. Martinello states "the place of graduation is so important, so much so that

D2 09/89

when it is a recognized Canadian institution, there should be no exams for certification." Dr. Martinello proposes that such automatic recognition of graduates of accredited programs be limited to accredited Canadian university programs and that graduates of other specialty programs be required to qualify by examination.

The brief from the Canadian Association of Orthodontists points out the following:

"The process of certification by examination has been suspended since 1971 for general dentists due to the acceptance and reliability of the accreditation process. The same process can and must be made functional for Canadian specialty graduates and their respective educational programs...The N.D.E.B. report by the Commissioner of Examinations, Malcolm G. Taylor, discussed the reliability of written and oral examinations as being an inadequate testing mechanism due to the problems of marking exams and setting exam questions (objectivity vs subjectivity). National exams have "some influence in stopping curriculum development, even perhaps, to the extent of slowing desirable change." Dr. Taylor suggested that examinations were based on simple recall rather than on professional competence. Regulations for compulsory qualifying examinations will force teaching graduates with an emphasis on passing examinations pre-requisite for licensure rather than broadening the horizons of critical thinking and research. An academic written and oral exam, although possibly re-testing basic science knowledge,

cannot determine clinical competence so required by licensing bodies to protect the public. These examination requirements may give licensing bodies a false sense of security while providing the governments they serve questionable proof of public protection and quality care.

The determination of a graduate/postgraduate student's abilities is achieved on a daily basis by constant evaluation and repeated examinations by faculty instructors. In turn the specialty schools are evaluated, inspected and approved by the Councils on Education and Accreditation survey teams, thus the basis of our national system of accreditation-certification-licensure."

The CAO brief also notes the introduction of the Clinical Outcomes Review and Evaluation Program within the accreditation process as applied to undergraduate dentistry. The C.O.R.E. program reviews the clinical performance of randomly selected students as typical products of the pattern of clinical education. The CAO brief anticipates the introduction of this kind of element within specialty accreditation and the inclusion of national specialty examining board representatives on the survey team. Such an arrangement is seen as superior to a certification examination process, because "it would be unfortunate if specialty chairmen would be forced to teach graduates according to the dictates of the national examinations rather than innovating and stretching the frontiers of science. The examination process should not be stagnant and inhibit research due to graduate students demand for an education oriented to satisfying the requirements of the national board exam and thereby licensure."

The Ad Hoc Committee, in reviewing reaction to Principle 4 concedes that the Canadian Association of Orthodontists brief does illustrate how the accreditation process, supplemented with a clinical outcomes review and evaluation process and specialty society participation, can substitute as a viable alternative to a certification examination. The following rewording of Principle 4 is tentatively proposed:

"the process of granting a national certificate in a dental specialty must be based upon examination of individual candidates or upon their graduation from a specialty education program accredited by CDA by means of a process incorporating a review of student performance in the clinical setting."

The Ad Hoc Committee recognizes that there are strong opinions on this issue. It suggests that either certification by examination or by graduation from a CDA accredited program is acceptable, provided the accreditation process involves review of clinical performance of students; this assumes the participation of the specialty society in such a review. It is clearly understood that both approaches (rather than one or the other) could exist, provided structures and processes based on this principle can be established to the satisfaction of licensing authorities.

PRINCIPLE 5

"The process of granting a national certificate in a dental specialty must provide for the examination of provincially licensed dentists who are graduates of non-accredited, university-based programs in the dental specialties."

Many respondents expressed concern that this Principle, as currently worded, seemed to deny support to the accreditation process and to suggest that it was not necessary for candidates for examination to have graduated from accredited programs. The following re-wording is tentatively proposed as a means of clarifying the intent of this Principle:

"the process of granting a national certificate in a dental specialty must provide for the examination of provincially-licensed dentists who are graduates of non-accredited, university-based programs in the dental specialties offered outside Canada or the United States."

PRINCIPLE 6

"The introduction of a new process of granting a national certificate in a dental specialty must initially grant a national certificate to dental specialists holding provincial certification in a recognized specialty at the time the new process is introduced."

Reaction to Principle 6 was mixed. Dr. Martin Dveris, President of the Manitoba Dental Association suggests that specialists holding provincial certification in a recognized specialty at the time the new process is introduced should be able to retain their provincial specialty license, but should have to take examinations for national certification if they wish portability to other provinces. The R.C.D.C. brief suggests that this point is solely the concern of the Provincial Licensing Authorities. Dr. Kravis on behalf of the N.D.E.B. states, "If this item means instituting

a grandfather-type system the N.D.E.B. is strongly opposed to it. We agree that any new process must provide an opportunity for existing practitioners to become a part of the process. Such an opportunity was provided by the nationally advertised once only examination held in December 1977 for provincial licensed specialists. The examination was conducted by the R.C.D.C. in cooperation with the N.D.E.B. and the successful candidates were issued N.D.E.B./R.C.D.C. certificates." Dr. Bruno Martinello of the Alberta Dental Association points out "we are very concerned about the possibility of inter-provincial license portability provided for prosthodontists who have become grandfathered into the specialty without any formal graduate education. Grandfathered prosthodontists who are certified in a province but have not taken formal prosthodontic education (through accredited programs) could be certified in specific provinces according to that provinces regulations. However, no opportunity for inter-provincial portability regardless of any examination process, should be allowed. Otherwise, the province with the weakest requirement becomes the level of requirement for the remainder of the provinces."

Following review of reaction to Principle 6 as currently stated, the Ad Hoc Committee proposes a tentative rewording of the Principle:

"The introduction of a new process of granting a national certificate in a dental specialty must initially grant a national certificate to dental

specialists who have been granted provincial or national certification on the basis of graduation from an accredited Canadian educational program in the dental special or by formal examination in a recognized specialty."

CONCLUSION

The Ad Hoc Committee believes that the six principles, as explained in response to comments presented and with Principles 4, 5 and 6 reworded, still present a viable framework upon which to build a series of recommendations outlining structures and processes necessary for the achievement of these principles in a practical fashion.

The Ad Hoc Committee has decided to circulate Discussion Paper 2 with copies of briefs received in response to the earlier Discussion Paper attached. Your further comments and reaction, particularly with respect to the Principles as re-worded, are invited. The Committee is of the opinion that if a reasonable basis of agreement with respect to the Principles to be employed cannot be established, there is little point in pursuing subsequent structures and processes.

Although quotations have been employed from various briefs to illustrate reaction to each of the Principles listed in Discussion Paper 1, no attempt has been made to synthesize the content of each of the individual briefs. These are attached for information and it will be noted that some of the points presented look forward to the next stage of the Committee's deliberation, which is the stage dealing with structures and processes and the relationship bodies to the new framework. Appropriate sections of briefs responding to Discussion Paper 1 will be taken into account when the Committee reaches this stage of its deliberations.

D2 09/89

COMMITTEE ON ETHICS

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. J. Brookfield, Chairman, Kirkland Lake
Dr. B. Creaser, New Germany
Col. M. Deyette, Ottawa
Dr. B. Rocky, Vancouver
Dr. B. Saik, Calgary

Executive Liaison: Dr. R. Wenn, Charlottetown

Coordinator: Mrs. S. Deziel

1. Committee Meetings

Since the August 1989 Annual Meeting of the Board of Governors, the Committee on Ethics has met twice on September 17, and December 2, 1989. All members of the Committee attended the CDA Teaching Conference on Ethics in Canadian Dentistry and Dental Education held in Toronto on September 15-16, 1989.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. New Committee Member

Colonel Morley Deyette of Ottawa, Ontario was appointed to the Committee by the President to fill the vacancy created by completion of the second term of Dr. Mike Lasko. The Committee extends its thanks to Dr. Lasko for his past service.

3. Dental Patients Charter of Rights

Following approval of the Dental Patients Charter of Rights by Governors at the 1989 Annual Meeting, the Charter was forwarded to the Membership Services Committee and the Communications Department for review and suggestions for publication and marketing.

The edited version of the Charter was published in the December/January Communiqué, with an article outlining the rationale for the development of the Charter, expanding on each item to provide a more complete explanation and attempting to answer questions that may be forthcoming from members.

APPENDIX I

The Journal Editor, Dr. Crawford, has suggested that the Charter may be utilized as a front cover for a future Journal edition.

It is the Committee's position that publication and dissemination of the Charter is a positive act. It creates a pro-active image for the CDA and makes an important statement concerning the association's consumer orientation. In view of this, the Charter has been forwarded to the Consumers' Association of Canada with the indication that the principles have been approved by the CDA Board, and the document is being prepared for distribution. The intent is to generate some reaction to the statement overall, and not to generate suggestions for amendment or revision.

The CDA Membership Committee is currently examining the best means of helping dentists inform their patients about the new Patients Charter of Rights. Consideration is being given to printing the document on a certificate suitable for framing or mounting the material on a plaque.

4. Statement on the Replacement of Amalgam Restorations in Patients

Following direction received at the 1989 Annual Meeting of the CDA Board of Governors, the Committee on Dental Materials and Devices was requested to review the CDA Statement on the Replacement of Amalgam Restorations in Patients. One modification was made to the Statement, that being the addition of the word "definitive" in the third paragraph of the Statement. The position statement was published in the December/January Communiqué.

5. CDA Teaching Conference on Ethics in Canadian Dentistry and Dental Education

The Committee was unanimous in its praise of the CDA Teaching Conference on Ethics in Canadian Dentistry and Dental Education. The goals of the Conference - development of objectives for Ethics Curricula in Canadian dental schools and the development of position statements on ethics issues in dentistry were realized.

The three models of professionalism and professional obligation in dentistry - Commercial, Guild and Interactive will be a valuable resource to the Committee in its review of the CDA Code of Ethics. The value categories in clinical dental ethics will be used in the preamble to the Code.

APPENDIX II

Recommendations from the Teaching Conference are appended. The Board's attention is drawn to the items which specifically relate to the review of the Code of Ethics.

APPENDIX III

6. Review of the CDA Code of Ethics

At the Committee's September 1989 meeting, a plan of action for the review of the Code of Ethics was developed and was presented to the Executive Council Planning Session in October. The plan included a definition of principles for the Code, identification of the model to be utilized in the review, a timetable for the review and revision and a request for an additional fourteen thousand three hundred and twenty dollars (\$14,320) to be utilized through two Committee meetings to achieve the timetable for review.

The Executive Council reviewed the Committee's plans and directed that the Committee continue as outlined therein. A modified interactive model will be used during the review of the Code. This model will involve communication/input of academics, auxiliaries, provincial associations and other allied dental groups. Bioethists will be utilized as a resource if required. There will be limited public involvement. Communication with these bodies would take place by mail or by invitation to participate in discussion with the Committee.

The tentative timetable presented to the Executive Council for the revision of the Code is as follows:

A first draft of the Preamble will be presented to the 1990 Interim Meeting of the Board. The Annual Board Meeting in August would be the target for approval of the Preamble and review of a number of draft articles. A complete draft Code will target the 1991 Interim Meeting.

7. Preamble to the Code of Ethics

A first draft of the Preamble to the Code has been completed. This draft incorporates the principles developed by the Committee, ethical values, and an explanation of the value priorities utilized in the Code.

APPENDIX IV

The draft Preamble was forwarded to Drs. Arthur Schafer, Abbyann Lynch, John Eisner, and David Ozar. These bioethists participated in the Teaching Conference, and are being utilized by the Committee as a resource. Once their input has been received, the Preamble will be circulated to all others identified previously. The Chairman will update the Board of Governors with regard to any comment that has been received by the date of the Board Meeting.

Individual sections of the Code have been retitled as follows, listed in order of priority:

- Responsibilities to the Patient
- Responsibilities to the Public
- Responsibilities to Colleagues
- Responsibilities to the Profession

The Committee has initiated a review of the first item - Responsibilities to the Patient. Circulation of these sections of the Code will take place once the Committee has had the opportunity to review them and reach consensus.

8. Professional Advertising - CDA Policy Position

The Committee has received direction from the Executive Council to proceed with the preparation of a CDA Policy Statement on Professional Advertising.

The Committee has written to Corporate and Licensing Bodies for input on the development of a CDA Statement.

The Committee believes that the Statement should be broad and not contain specifics, so that regional variances can be respected. The Committee believes that institutional advertising is a role for the provincial and national dental associations, and that individual dentists should not be involved in promotional advertising on an individual basis.

A draft is being developed by the Committee for review at its next meeting. Broad circulation of the draft will take place prior to any presentation to the Board.

Respectfully submitted,

James R. Brookfield, D.D.S.
Chairman, Committee on Ethics

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Committee on Ethics as information.

Patients Charter of Rights

The Board of Governors recently approved the CDA Patients Charter of Rights. Our Association felt it necessary, in this ever-strengthening consumer society, to be proactive, and to spell out what we, as dentists in Canada, believe to be our patients' rights.

Through this vehicle, our members and Board may respond with unity in addressing concerns from our patients, the public and the press.

The Ethics Committee of the CDA has guided this Charter through the committee process, distribution to

corporate members, and approval by the CDA Board of Governors.

The Patients Charter of Rights does not supercede the rights of the dentists. It is the profession's expression of the rights we believe our patients can expect.

The Charter has been well received, but numerous questions may arise after reading this document. I would like to address the most common concerns, point-by-point.

1. We believe that a patient has the right to see a licensed/registered dentist for an examination and diagnosis. The dentist is the primary care provider and the only person on the dental team able to diagnose and therefore provide a treatment plan.
2. Following this process, the patient has the right to an explanation of the appropriate treatment alternatives and their costs. This explanation is an effort to put the patient or guardian in a position to make a reasonably informed choice.
- 3/4. Standards of treatment and of a safe and healthy environment are always evolving. These are regulated by our licensing bodies, and new and higher standards are a result of our profession's search for perfection. We believe our licensing bodies are doing an excellent job to teach and regulate these standards. We, as dentists, are committed to working within them.
5. During the capitation debate of past years, the profession supported patients' right to choose their dentists, and not be told which dentists they will see. We believe dentists have an ethical responsibility to care for the patient who chooses to see them. Care of a patient does not necessarily imply treatment. There are numerous situations where a referral is necessary or where patient cooperation is not sufficient. For example, a difficult extraction (ie. wisdom tooth) or apical surgery, which the dentist feels should be performed by a specialist.

6. Prompt emergency care is always a judgement call and it may be interpreted by individuals differently. It should suffice to say reasonable judgement is required when a patient is in need (broken cusp vs. haemorrhaging patient).

7. Patients, as consumers of health care, have always had an avenue to express complaints. That is one of the reasons we are a self-regulating profession, and we are proud of it. The CDA does not believe in a policy that would promote complaints, nor do we hide from them.

Complaints may be expressed to the dentist, a local mediations committee, dental associations or a licensing body. Provincial procedures differ, but all maintain that "avenue" for our patients. It is in the best interest of dentists and public alike.

The CDA Patients Charter of Rights is an educational document for our patients and ourselves. It is a statement of what we, as a profession, have been doing for years.

Jim Brookfield, D.D.S.
Chairman, Ethics Committee

Inform your patients

The CDA Membership Committee is currently examining the best means of helping you inform your patients about the new Patient Charter of Rights. It is considering printing the document on a certificate suitable for framing, or mounting the material on a plaque.

The document is an excellent opportunity to demonstrate your professionalism and commitment to patients. Watch for more details on the new Charter in upcoming issues of Communiqué.

Canadian Dental Association Dental Patients Charter of Rights

Patients have the right to be examined and diagnosed by a licensed dentist.

Patients have the right to an explanation of treatment alternatives and costs prior to treatment.

Patients have the right to receive treatment to the standards of the profession.

Patients have the right to be treated in a safe and healthy environment.

Patients have the right to be cared for by the dentist of their choice.

Patients have the right to receive prompt emergency care.

Patients have the right to an avenue in which to express complaint.



Canadian Dental Association
Board of Governors - August 1989

Essays of opinion on current issues in dentistry are published in this section of JADA. The opinions expressed or implied are strictly those of the authors and do not necessarily reflect the opinion or official policies or position of the American Dental Association.

There is a renewed sense of urgency for reflection on what the dental profession is and what it ought to be.

Three models of professionalism and professional obligation in dentistry

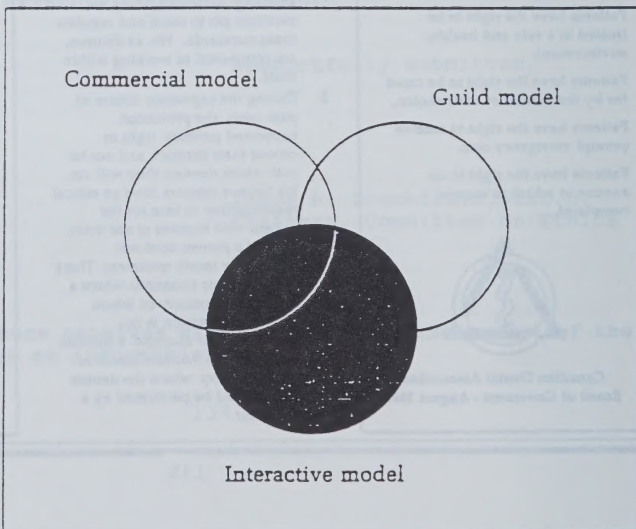
David T. Ozar, PhD

The relationship between the dental profession and the lay community, both at the individual level and more broadly, is, without doubt, undergoing significant changes. Therefore, the need for members of the dental profession to deepen their understanding of their status as professionals grows more and more insistent. Some signs of these changes are obvious: the success of denturism in Oregon; the emergence of retail store dentistry; and the increase in the number of malpractice suits and the size of awards in such suits. But the most important changes taking place are of a deeper and subtler sort than these surface advances of dental commercialism. The most important and underlying changes affect the basic relationship between the dentist as a professional and the patient as a layperson seeking professional services.

These changes are difficult to understand, and, consequently, will remain difficult to affect, without a clear understanding of the nature of professionalism in dentistry as it is and as it might be. To assist this understanding, three models of the dental profession and of the relations between professional and layperson, and between the profession and the lay community are described in this paper. In each case, the model will be described somewhat singularly to highlight

the differences between the three models. This means that none of the models will describe exactly the profession as it is today or as it ever was or might be. However, a careful development of the three models, together with a careful examina-

tion of what is known and what can be envisioned about the profession, will identify and illuminate the most important features of the dental profession as it is, and as it might be. The three models are: the commercial model, the guild



model, and the interactive model.¹

Commercial model—dental care as a commodity

One possible way to examine dentistry is as a purely commercial enterprise. From this perspective, dental care is simply a commodity that dentists sell and patients buy. The dentist is a producer, the patient is a consumer, and the interaction between dentist and patient is simply one of many transactions in the commercial marketplace. On this basis, the entire relationship between dentist and patient consists of communications about the commodity and its price and then the actual exchange of that commodity for the price

is precisely the model that accurately describes the essence of dental practice, or that will solve dentistry's problems.

In the commercial model, a dentist's primary relationship to other dentists is that of competition. They are all purveyors of the same commodity to the purchasing public; each is interested in selling as much as is possible and for the best price. Dentists will therefore price competitively, seeking not only to attract new consumers to themselves rather than to other dentists, but also to attract other dentists' patients to themselves by offering, for example, the same services at a lower cost. Dentists will also compete with one another in the quality of basic care they provide, in special services, in

is absolutely nothing about the profession of dentistry that would provide a basis for saying to a dentist: "You have an obligation to do or refrain from doing _____ because you are a dentist."

In this model, no one has obligations of any particular sort simply because he or she is a dentist. It is arguable, of course, that there are obligations that all bargainers have toward one another whether they agree to them or not, namely, obligations to speak truthfully or to keep their contractual commitments. But these are not obligations which dentists would have as dentists or as professionals. Although important in practice, obligations of this sort do not specifically help us understand dentistry as a profession.

Some people may object that this model fails to describe dentistry because in actual practice dentists cooperate with one another much more than they compete. The ADA, it might be argued, is not a trade organization of the sort just described. It is important to note, however, that producers are always interested in agreements with other producers if they will strengthen bargaining positions in relation to consumers. The risk among cooperators is that one will break out of the pattern, underselling the rest of the group or offering a product of significantly higher quality than the rest and attracting a high volume of business away from the rest of the group, who are refraining from competition for their mutual benefit. But if the benefits of cooperation significantly exceed those of competition, there will be little motivation to break ranks in this way. As dental care is something that most consumers value highly, and as dentists have won, through state licensing laws, a legalized "monopoly" on their product, the value of cooperating rather than competing is in fact great. This means that the fact that dentists actually cooperate more than they compete does not in itself invalidate the commercial model as a description of the dental profession and current dental practice.

Finally, we should mention the place of dental schools in the commercial model. A dental school is, in this view, simply a marketplace where dentists sell the knowledge and skills needed to provide dental care. The consumers of that commodity, the students, are simply persons who would themselves like to sell dental care to patients. Here again, the relationship between the two parties consists entirely in bargaining the terms of, and then carrying out, contractual commitments: in this case, to exchange dental knowledge and skills for an agreed-on price. Luckily for those who sell this product, dentists currently hold a legalized "monopoly" on dental knowledge and skills, so that the only place that would-be dentists can acquire them is in the dental

In the commercial model, no one has obligations of any particular sort simply because he or she is a dentist.

that is agreed on.

From the commercial point of view, the dentist and patient must be considered, first and foremost, competitors. Each is trying to obtain from the other the greatest amount of what is needed while giving up as little as possible of what is being offered in exchange. Thus, the criterion by which the dentist determines what sort of dental care to give the patient is not the patient's need, but rather what services the patient is willing to pay for, and which give the dentist the greatest return for the least cost in time, effort, and materials.

Need has only an indirect role as a determinant of dental care. It functions above all as the patient's motivation to part with money for the sake of increased well-being or comfort. Consequently, although the dentist will offer judgments regarding the patient's need for care, the patient's own judgment of his or her needs is alone authoritative. For it is essentially a consumer judgment in which the patient weighs needs and discomforts against the costs of the purchase. The dentist's comments regarding the patient's need for care must be viewed in the commercial model primarily as efforts by the dentist to motivate the patient to purchase dental services. They are marketing activities, similar to the salesperson's comment that the client will look good in an item of clothing that is being considered.

For some dentists, this model may already sound appalling. But it needs to be developed fully to learn from it. Other dentists, of course, have argued that this

ambience, and in any other features of dental practice that might attract dental consumers to themselves and away from other dentists. If one dentist discovers a new mode of diagnosis, therapy, or patient management, he or she keeps the discovery secret from competitors.² In this model, the proper measure of a dentist's practice is not how well it meets the patient's needs, but the performance of the package of goods and services, together with the price commanded in the dental marketplace.

Dentists, of course, have interests in common as they deal with various centers of power in the larger community, especially with government agencies. Consequently, although they are primarily competitors, dentists will have sound, self-interested reasons for forming trade associations to perform functions such as lobbying and public relations in behalf of their common concerns and interests. In the commercial model, these are the primary functions of the American Dental Association and its constituent societies. Dentists join such organizations not to compete with one another less, but to compete more effectively as a group with other sectors of the economy and other centers of power in the society.

In the commercial model, then, there are no obligations or commitments between individual dentists and individual patients, or between dentists, or between the profession and the lay community as a whole, except those organizations and commitments for which the individuals involved have deliberately bargained and committed themselves. Therefore, there

schools. Consequently, those who sell dental knowledge and skills are in an excellent bargaining position in relation to would-be dentists who want to buy them. Here, again, neither student nor teacher has any special obligations or commitments "because he or she is a dentist" beyond the contractual commitments that he or she deliberately undertakes. Thus, dental students should not be thought of as undertaking any particular obligations or commitments as they assimilate dental

own person.

This model postulates a different ideal of dental education than that described under the commercial model. In the guild model, a code of duty and obligations to the profession are instilled in the dental student. Of course, the student must master the knowledge and skills of dentistry, but these are not mastered as a commodity to be offered for sale. They are mastered because of the dentist's ethical commitment to provide expert care. They

care at the center of this model of the dental profession. If this image is adopted, this center is viewed, in general, as utterly passive, receptive, and inactive because it is untrained and, therefore, unskilled and uninformed.

The focus of the dentist's professional obligations is indeed the patient's need for dental care. However, because the patient is a layperson, the need for care is to be determined by the dentist. Dental care is a privilege, a gracious response by the profession, through the person of the individual professional, to the needs of the passive, uninformed, and needy layperson.

Thus, while dentists have powerful obligations to their patients, it is not by reason of any special moral status of the patient that this is so. The dentist's obligations derive from his or her membership in the profession and from the commitments which he or she makes when accepted into it. They derive from the fact that patients' needs are the reason that the profession exists and the fact that this particular patient has such needs. The dentist's obligations do not derive from any moral status of individual patients or from the collective moral status of the lay community.

In addition, the profession does not have any other sort of prior obligations to the lay community as a whole (for example, based on some contractual model of relationships between the profession and the larger community). The relation of profession and community is a one-way relationship in this model, a relationship in which the profession, as guardian of dental knowledge and skills, graciously responds to the dental needs of the com-

In the guild model, the dentist's obligations derive from his or her membership in the profession not from any moral status of patients.

knowledge and skills from their teachers.

Guild model—dental care as a privilege

To examine dentistry in a different light, a narrow focus is placed on the profession exclusively from the perspective of our second model, the guild model.

In this model, the profession is dominant. It is the profession that endures over time; that is the guardian of dental knowledge, wisdom, and skills; that determines appropriate forms of therapy; and that certifies new approaches as they become available. It is the profession that certifies the competency of each new dentist as he or she graduates from school as well as the adequacy of each school's educational program. The profession, from this perspective, resembles the medieval guild. It has, as it were, a life of its own; it is more than just the collection of persons who are practicing dentistry at this time.

The individual dentist is simply an instance, a representative of the profession at a given time and place. The individual dentist's job is to represent the profession well and to carry out the tasks and the role the profession has defined to the best of his or her ability in a given situation. With this view, "You have an obligation to do or to refrain from doing—because you are a dentist" means a great deal. Indeed, becoming a member of the profession means undertaking the obligations by which the profession defines its role both in society at large and in relation to particular patients. The individual dentist may also have obligations from other sources; but his or her primary obligations as a dentist come from the profession and from the individual dentist's commitment, made when he or she entered the profession, to represent the profession well in his or her

are not sold to the student for money; they are given to the student as a trust. In receiving the knowledge and skills, the student accepts the obligation to guard and use them properly and with care, and to fulfill his or her other obligations to the profession with similar conscientiousness. The tuition compensates teachers for their time and efforts in helping the students become worthy to be members of the profession; it is not the price of a marketplace commodity.

When the student first arrives at dental school, he or she is no more than a layperson. The dental school transforms that student into an expert, and into a professional, for it is not enough to merely communicate expertise. The teachers are

In the interactive model, the dentist and the patient have equal moral status but their status derives from different factors on the two sides.

professionals, representatives of the profession and models for the students of what they are now obligated to become. On this model of the profession, then, there is a very special relationship between teacher and student; and there are special obligations for each, to respect and imitate on the one side, and to be a model and to represent the profession in an exemplary way for the sake of the students on the other.

In the guild model there is little to say about the patient except that he or she has needs and these needs provide the reason for the profession's existence. This places the patient and his or her need for dental

community. The reason for this deep inequality of status in the guild model is that the practice of dentistry depends on expertise, and the lay community is made up of laypersons, untrained in the knowledge and skills of dentistry. Therefore, the lay community is simply unable to determine the tasks and proper role of the dentist.

Thus, in the guild model, the dental profession is viewed as a self-standing moral entity. The profession must create and define for itself, because it alone has the relevant knowledge and skills, the obligations of its members with its proper role and relationship to the lay community. The agencies of power within the lay

community may strive and even succeed in restricting and regulating the dental profession as it carries out this task, but such actions on the part of the lay community can be viewed only as intrusions on the proper role and tasks of the dental profession.

In reflecting on this second model, as on the first and the third to come, the reader should remember that each model is somewhat extreme so that the contrasts between them can be highlighted. The relevant question with regard to each model is to what extent the model accurately describes the dental profession as it is and helps us see what the dental profession ought to be.

Interactive model—dental care as a partnership of equals

The interactive model will take a little longer to describe because historical examples are not as easily found. Certain professions (for example, law and architecture) can provide partial examples of the interactive model in operation; and many dentists who read this description may recognize in it certain elements of their own professional practices. As far as can be determined, this model has not been carefully explored in the general theoretical literature on the professions,³ and even less has been written about this model in relation to dentistry specifically.⁴

In this model, the dentist and the patient are equals in that they have roles of equal moral status within the decision-making process in dental care. But this model differs decidedly from the commercial model, in which each party is simply a self-interested bargainer dealing with another self-interested bargainer. For in the interactive model, the equal moral status of the dentist and the patient derives from different factors on each side. In a similar way the dental profession and the larger community are also viewed as having roles of equal moral status in this model; and again their equal status derives from different factors on each side. For the moment, however, let us concentrate on the one-to-one relationship between an individual dentist and patient.

In the interactive model, the moral status of the patient in dental decision-making derives from the fact that it is the patient's mouth, health, and functioning at stake. The high value attached to the autonomy of every person requires that matters of such vital interest to the patient be determined by the patient in accord with his or her own values, priorities, and purposes.

But when human beings experience pain and disease, the condition is itself a lessening of autonomy, and a loss of abil-

ity to control our own lives on the basis of values. Even when our condition is a consequence of our own negligence, for example, inadequate oral hygiene, we still experience the disease process itself as something which happens to us rather than something we are doing. For the disease process becomes something which is, or at least which has now passed, beyond our control.

This experience of not being in control is made even more acute when the disease process involves significant pain because pain depletes a person's ability to function fully and with full control. People come to dentists, then, because dentists understand the processes that are lessening or threatening to lessen their autonomy, and dentists have the skills necessary to subject these processes to human control by reversing or preventing them, or minimizing their undesirable consequences. Patients come to dentists not only for relief of pain and restoration of function, but also to regain and preserve autonomy.

One consequence of the fact that patients come to dentists without their full autonomy is that the patient is therefore unable to be a coequal bargainer with the dentist in the dental marketplace. The kind of equality stressed in the commercial model is simply not available; for the dentist enters the relationship with the capacity to control the processes that afflict the patient and limit autonomy. This unavoidable inequality means that the commercial model cannot possibly represent the dentist-patient relationship adequately.

Because patients do come to dentists to preserve and regain their autonomy, the guild model, which views patients as passive recipients of informed choices of the dental professional, must also be set aside. For the autonomy of the patient does not have a significant place within the guild model. If the dentist's role is not one of choosing for the patient because the patient cannot reasonably choose, but rather of enhancing and supporting the patient's capacity to make choices, then the guild model must be set aside in favor of an alternative account of the dentist-patient relationship, the interactive model.

In this model, the dentist's status within the dentist-patient relationship derives from the dentist's expertise. This expertise is significant because of the dentist's ability to restore and preserve the patient's health and function and to free the patient of pain and discomfort and because it enables the dentist to restore and support the patient's autonomy. The patient's status derives from the fact that it is the patient's mouth and health and functioning that are at stake and because practitioners place great value on

controlling these matters according to our own values, goals, and priorities.

Thus, in this model the dentist and the patient have equal moral status in the relationship that binds them; but their status derives from different factors on the two sides. Or more precisely, while it derives from the same underlying values, namely, the value of health, comfort, and full human functioning and the value of autonomy, it nevertheless derives from the two parties' differing functional relationships to these values. The two parties' roles are distinct, but they come together in this relationship as moral equals because neither can carry out a role in the achievement of these values without the other being able to do so as well.

This means that the decisions made by dentist and patient together involve a subtle meshing of the expertise of the professional with the choice of the patient, based on the patient's own values, priorities, and purposes. Because of the patient's lack of expertise and experience of self as diminished in autonomy in relation to dental disease, the burden of accomplishing this subtle meshing of two roles falls significantly on the dentist. It is precisely this subtle partnership in decision that is the dentist's first professional responsibility, not simply the provision of technically competent dentistry.

There is another element of contrast between the interactive model and the other two models. This concerns the patient's need for dental care within the dentist-patient relationship. In the commercial model, the dentist has no obligation, independent of the actual agreements with the patient, to give the patient's need any special moral status. In both the interactive and guild models, the dentist has a moral commitment to serve the patient's need: health, comfort, and full functioning. In the interactive model, however, the dentist's commitment to serve the patient's need does not derive from the dentist's membership in the profession of dentistry, but from a relationship between the individual dentist and the community at large. It is the community, rather than the guild, which confers on the dentist the status of a professional. This special status granted by the community, after the profession has certified the dentist's expertise, is a response to a commitment to serve the community well.

Individually, and as a group, dentists have mastered a body of information and a set of diagnostic and therapeutic skills that the ordinary member of the community grasps only distantly and superficially, if at all. This special knowledge gives dentists the ability to affect people's health, comfort, and ability to function. The community cannot reasonably accept such an exclusive acquisition and control

The reason for describing these three models is to develop tools by which the members of the dental profession can understand better who they are—and who they want to be—

of sizable power over people's lives on the part of experts without assurances that this power will be used in the interests of all who are affected by it.

This is why, as sociologists have long noted, the mark of every profession is a relationship between the professional and the community, and between the professional's group of co-experts and the community, a relationship in which the lay community accepts and affirms the acquisition of this power by the professional and the group, and in which the professional and the professional group assure the community that the power will not be misused.

Whereas the guild model dictates a relationship between superior (the profession) and inferior (the lay community), the interactive model creates a relationship between equals. The profession and larger community in equal partnership define and specify the obligations and responsibilities, as well as privileges, of the profession and of its individual members. The profession certifies that a given individual has acquired the requisite expertise to practice dentistry; in discharging its commitment to the community, the profession holds its members accountable for actually practicing in accord with the commitments undertaken in becoming dentists. But it is the community, not the profession, that makes people dentists and members of a profession; that is, which accords to an individual person the status of being a profession—either formally as in licensing laws and dental practice acts, or informally by positive acquiescence in the exercise of this power by these specific individuals and this specific group. Only the community, not the profession, has the moral authority to distribute power, especially exclusive power, to social roles within it. Thus, in the interactive model, the individual dentist's professional obligations—to deal properly with each patient and to actively support the profession—derive from more fundamental obligations to the larger community that are voluntarily undertaken when he or she becomes a dentist.

Finally, the particular character of dental education in the interactive model should already be clear. Although teacher and student are not equals in expertise, they are equals in regard to the basis of their obligations and privileges as profes-

sionals. Each acquires status as a professional, not from the profession as in the guild model, but from the larger community in response to the individual's autonomous commitment to the community to use his or her acquired power well. The teacher has already made this commitment and the student aspires to it. Thus, the teacher is rightly studied by the student as a model, but the teacher has no authority to give or withhold from the student the professional status he or she seeks. In this respect they are equals in relation to the larger community, and all the more so because the student, in accepting the burdens and sacrifices of dental school, has already begun to make this commitment, and because the teacher, as a fallible human being, would probably describe him- or herself more often as one who strives to live out this commitment rather than as one who lives it and models it in unswerving perfection.

This model is the interactive model, then, for three reasons. The relationship between dentist and patient is a partnership of equals, who make differing contributions to the partnership, but who have equal moral status in the relationship and who thus owe each other equal respect as they work together in making decisions about treatment and about the other aspects of their relationship.

This whole interaction between patient and dentist has, as its context, and in a certain sense as its presupposition, the interaction between the community at large and the dental profession. This, too, is a relationship between equals with different but complementary roles if their relationship is to achieve its goals.

The model is called interactive because the relationship of dentist to dentist is also that of equal partners in the project of mastering the knowledge and skills of dentistry and of providing patients with the highest quality of dental care. Practicing, teaching, and learning; modeling in their own lives the fulfillment of the commitments to the community that each has made, and growing under one another's influence; and striving to do better—there is no other profession of dentistry; they are the profession.

Conclusion

The reason for describing these three models is to develop tools by which the

members of the dental profession can understand better who they are and who they want to be. My interpretation of the history of the dental profession in the United States is that it has developed for many years in the guild model, but that in recent decades it has slowly shifted its understanding of itself towards the interactive model. But, that process is by no means complete. Perhaps it should not be completed. My own judgment that the interactive model is preferable and should be actively adopted in practice is defensible; but it is not infallible, and all the evidence is not yet in. What I propose, in submitting these models for consideration, is that the relationship between the dental profession and the community at large is in a process of change. I propose that dentists reflect, with a renewed sense of urgency, whether using these three models as tools for reflection or following some other method, on what that relationship is and ought to be, and on what the dental profession is and what it ought to be. Only by such reflection will the members of the profession gain understanding of the processes affecting dentistry at present and be able to shape their outcome.

JDA

These models were developed in course lectures on professional ethics in dentistry at Loyola University of Chicago's School of Dentistry during the past 4 years. The author thanks many junior dental students for their advice and comments on various formulations of these ideas, especially C. Shimizu, DDS, who suggested the term "interactive" to describe the third model, and Leo Glick, DDS, for helpful advice.

Dr. Ozar is associate professor, department of pediatrics, and associate clinical professor, School of Dentistry, Loyola University of Chicago, 5525 N. Sheridan Rd., Chicago, 60626. Address requests for reprints to the author.

1. Ozar, D.T. Patients' autonomy: three models of the professional-lay relationship in medicine. *Theoretical Med* 5:61-69, 1984.

2. American Dental Association. Principles of Ethics and Code of Professional Conduct, section 4-A. "Dentists shall have the further obligation of not holding as exclusive any device, agent, method or technique." Examining the requirements of professional codes of conduct in the light of models of profession such as the three models discussed here is helpful.

3. Freidson, E. *Professionalism in medicine*. Chicago: Aldine Publishing Co., 1970.

4. The best bibliography of contemporary literature on dentistry as a profession and professional obligations in dentistry is The PEDNET Bibliography. Ozar, D., and Hockenberry, C., eds. Chicago, Loyola University of Chicago, Professional Ethics in Dentistry Network, 1984.

Value categories in clinical dental ethics

David T. Ozar, PhD
David L. Schiedermayer, MD
Mark Siegler, MD

Ethics at Chairside is a new Journal feature. In this column, we will feature ethical issues faced everyday by practitioners, as well as broader issues affecting professionalism and ethics in dentistry. In this introductory article, the authors identify key value considerations and offer a ranking scheme to assist decision making. Contributions to this column are welcome.

As they care for patients, dentists make decisions that are inherently value-laden and involve choices between conflicting values.¹⁻⁴ Dentistry is a profession and dentists are clinicians, rather than craftsmen, precisely because their decisions are moral choices.⁵⁻¹¹ The focus of this essay is on ethical decision making in clinical dentistry; our aim is twofold. First, the most important value considerations involved in dental decisions, illustrated with short cases, are identified. Second, a ranking scheme for clinical decision making is proposed for occasions when these values are in conflict.

Part one: seven categories of value

Life and health

A 32-year-old man suffers severe facial trauma in a motorcycle accident. General anesthesia would be required for optimal surgical repair of his facial bone fractures, but history discloses he has malignant hyperthermia, a rare reaction to general anesthesia in which the body temperature rises rapidly to temperatures as high as

106 F. Although emergency treatment measures are effective in treating malignant hyperthermia, death may occur. The oral and maxillofacial surgeon discusses the situation with the anesthesiologist, and they decide the risks of general anesthesia for this particular patient are unacceptably high.

The primary concern of both general practitioner and surgical specialist is the life and general health of the patient. Dentists evaluate every patient and weigh every treatment with this value in mind. In this case, the potential risk of death forces the dentist to attempt alternative treatment methods using local anesthetic, even though such methods may be less than optimal from a purely technical point of view.

Appropriate and painfree oral functioning

A 45-year-old woman with severe gingival disease and several painful abscesses is evaluated. The dentist begins treatment, stressing the need for her to floss regularly as part of an ongoing disease prevention regimen.

Another value in dental practice is providing patients with the opportunity for appropriate and painfree oral functioning. This value is a complex one. Although there are general standards of appropriate oral function, the specific nature of such function for each individual patient depends on variables including the patient's age, general health, underlying anatomy, and compliance with dental hygiene. On a daily basis, appropriate and painfree oral functioning is one of the most prominent value considerations in dental diagnosis, prognosis, and therapy.

Preferred practice values

A 50-year-old man has undergone several procedures on an incisor in an attempt to save the tooth. The whole enterprise has been time-consuming, mildly uncomfortable, and costly, but when he asks his dentist why he doesn't just pull the tooth, his dentist replies that, as a rule, dentists believe natural teeth should be preserved whenever possible.

A third set of value considerations in dental care decisions are what we will call preferred practice values. In the course of their efforts to advance dental science and improve dental practice, members of the dental profession identify certain approaches to diagnosis, prognosis, and therapy as preferred approaches. The profession's collective judgment in such mat-

ters is dictated by a concern for a high standard of care. Dental school is a powerful socialization experience in which such preferred patient values, in particular, are inculcated in dental students. Such values, however, may not be shared by dental patients. Among such preferred practice values, as this example illustrates, is the preference for preserving natural teeth whenever possible.

Dentists take these values seriously because of their respect for the collective judgment of their peers; but each practitioner will have his or her own individual preferred approaches to practice, based on clinical experience. Both sorts of preferred practice values, those of the profession as a whole and of individual dentists, are subject to change as dental science discovers new techniques and as practitioners apply these techniques.

Patient autonomy

On his next visit to the dentist, the man discussed in the foregoing example says he has had enough of trying to save the tooth. He says he appreciates the dentist's efforts to save it but requests that the dentist pull it. The dentist agrees to pull it as in his clinical judgment it is an unhealthy tooth, reasonable efforts to save it have failed, and he believes the patient's wishes should be respected.

A fourth important value in dental care decisions is the value of patient preferences or patient autonomy. When patients are competent and capable of deciding between alternative treatments, dentists honor the patient's choice, providing it is reasonable and clinically sound. Autonomy is the value associated with choosing and acting on the basis of one's own goals and purposes, especially in regard to one's own body.¹² We most often express this consideration in the language of "informed consent," where the purpose of the information is to enable patients to make choices consistent with their own values. In the case we describe, the patient has his own values (the saving of time and money) that he uses in deciding that he will not consent to further efforts to save the tooth, but will consent to its extraction. When the patient is not capable of autonomous choice (for example, a child), the dentist consults with the child's parents or guardian in an effort to do that which is in the child's best interests. If the patient was formerly autonomous but is now incompetent (for example, suffering from dementia), one approach is to respect

his or her previously held values and goals.¹³

Esthetic values

An 18-year-old man requires a new crown; his dentist agrees to work on the crown but recommends an expensive porcelain crown instead of a less expensive crown because it will provide a more esthetically pleasing result.

A fifth set of values in dental care decisions are esthetic values. These are important values from the patient's point of view, and dentists often propose treatments and make recommendations in terms of esthetic considerations, as our case illustrates.

Cost

An 18-year-old man requires a crown on a maxillary second molar. After the dentist has explained the different types of crowns available and their differing costs, the patient explains that, given the tooth's location, esthetic considerations are not important to him in the choice of therapy. The dentist then recommends a less expensive crown.

A sixth set of values concern cost. Again we might tend to think of this value category as primarily the concern of the patient rather than of the dentist. The dentist presents the treatment alternatives to the patient, each with its cost and benefit, and the patient makes the choice on the basis of the cost-benefit ratio he or she judges best. However, the ethical implications of cost are different from those of autonomy. Cost considerations factor into decisions in which autonomy is not a central issue, as in this case where the young man has already decided to have a crown. In addition, from the dentist's point of view, there are treatments that dentists refrain from recommending because they are not worth the cost, and there are treatments that dentists recommend cautiously because they know patients will be unable to pay for them. So cost can enter into the dentist's decision-making process as much as that of the patient, and the value of cost is not identical to that of patient autonomy.

External considerations

The patient is a 56-year-old man with alcoholism, altered mental status, and severe periodontal disease. The dentist's

concern is that compliance with dental hygiene is likely to be poor, so she elects to extract all his teeth and make dentures. However, before she proceeds, she has the office secretary contact the county social worker to discuss the patient's social and financial situation.

Finally, a variety of external considerations have a significant role in dental care decisions. The patient's life-style or social milieu may be such that a treatment regimen requiring meticulous self-care is unlikely to succeed. Members of a patient's family may have a voice in care decisions if a patient has diminished capacity for autonomous decision making; or a legal proxy may be necessary. External considerations also include principles of social justice, the allocation of scarce resources, teaching and research values, public safety and welfare, and dentists' other social responsibilities.¹⁴⁻²⁰ This group of values is a large and diffuse one; and it is difficult for dentists to factor in these concerns as they care for patients. Nevertheless, these values are important, and are becoming increasingly important in the current health care environment.

Part two: ranking the seven categories of value

There are often important reasons for distinguishing and ranking items located within one or more of these categories of value. So a hierarchic scheme will allow dentists to determine which factors can and should have a determinative role in ethical decision making. We have focused on these seven categories because we believe that, in the process of clinical decision making, these seven sets of value considerations dominate ethical reflection and therefore deserve the most careful attention. We now propose that they can be ranked in the following order of importance.

1. Life and health

No dentist would propose a treatment that involved significant risk to a patient's life or severely compromised a patient's general health except in the most unusual circumstances. As a general principle, then, we can say that the value of life and health takes priority over and ranks above the six other categories of value. Moreover, the only circumstances in which a dentist might ethically recommend a treatment risking life or health are those in which the oral condition to be treated poses sig-

nificant risks to life or health and the dental treatment might diminish those risks in the foreseeable future.

As our example illustrates, the practice of dentistry requires that general anesthesia be used only when it does not pose a significant risk to the patient's life and general health. Appropriate and painfree oral functioning and preferred practice values (oral and maxillofacial surgeons would probably prefer operating on a patient with oral trauma under general anesthesia), or the better esthetic results that could be obtained, do not override this value. The value of life and health is the highest ranking ethical value involved in dental care decisions.

2. Appropriate and painfree oral functioning

Although this value is not as important as that of life and health, it is a fundamental value in dentistry. Relatively minor trade-offs of function may be accepted for the sake of autonomy, cost, or esthetics. But accepting a trade-off which would leave a patient with significantly impaired or painful oral function, even for the sake of autonomy or preferred practice values, would be unethical practice. Thus, we rank appropriate and painfree oral function as the second most important value in clinical dental ethics.

3. Patient autonomy

The values we have called preferred practice values are identified both collectively and individually by dentists as those approaches most effective in achieving the values of life and health and appropriate and painfree oral function. However, as we have illustrated, their relation to these goals is not absolute, so the patient may choose to have a tooth extracted rather than saved. Do preferred practice values outrank the value of patient autonomy?

The answer depends on the model of practitioner-patient relationship that is considered normative for dental practice. We have argued elsewhere^{1,12} for a model that stresses the autonomy of patients in any matter that is optional from the point of view of the central values of health care (life and health) and of the practitioner's professional specialty (appropriate and painfree oral functioning). Nevertheless, the practitioner's right and duty is to suggest and adhere only to those treatments that would encourage life and health, and appropriate and painfree oral functioning. Suggestions to the contrary, even from the patient, must be rejected by

the ethical practitioner. For example, if a tooth is healthy and the patient requests that the dentist simply remove it, for any number of reasons, it would be unethical to remove the tooth even though such refusal violates patient autonomy.

With this caveat in mind, the value of patient autonomy ranks before preferred practice values in the hierarchy of values in clinical dental practice. It is the patient's right to decide among the alternative treatments consistent with life and health, and appropriate and painfree oral functioning, even if some of those treatments are not necessarily consistent with preferred practice values. Thus, in the case of the man with a severely diseased tooth, the dentist explains the possibilities, among which would be continued attempts to save the tooth by root canal and capping, as well as the alternative of extraction. The latter is consistent with the values of life and health and appropriate and painfree oral functioning, but inconsistent with the preferred practice value of saving natural teeth. In the end, the patient has the choice; he decides which course of action to follow, which may or may not be that which the dentist would prefer.

4. Preferred practice values

We have seen that life and health, appropriate and painfree oral functioning, and patient autonomy rank above preferred practice values in the context of dentists' ethical decision making at chairside. But this ranking does not mean that preferred practice values are not crucially important in dental care decisions. They rank before esthetic and cost considerations; and, except in specific circumstances, they rank ahead of other external factors. Preferred practice values will have a significant impact on many other aspects of dental practice, besides their role in ethical decision making. For example, they will have an important role in the clinician's selection of the tools and techniques to be used in carrying out a particular treatment, as well as in diagnostic workup and patient management.

5. Esthetic values

Dentists are concerned about the oral and facial appearance of their patients. Oral and facial appearance is important to self-image and to the opportunities that are made and lost for people by virtue of their physical appearance. Nevertheless, the link between preferred practice values

and the higher ranking values is sufficiently strong that dentists usually do not rank esthetic values before preferred practice values. Esthetic values determine priorities among treatments that are equally likely (or nearly so) to achieve the values of life and health, appropriate and painfree oral functioning, and preferred practice values.

But higher ranking values being equal, a dentist would rather produce an esthetically pleasing result than one that might cost less, so esthetic values rank above cost.

This is not to say dentists are ethically obligated to provide more esthetically pleasing work, regardless of cost to the patient. In our case of the young man who chose a less expensive crown, the dentist need not insist on the more expensive option to preserve esthetics. The value of patient autonomy requires that all options that satisfy the two highest ranking values be presented to the patient for consideration and choice. The value of esthetics means, as our case also illustrates, that a dentist would be acting ethically to recommend the most esthetically pleasing treatment above a less esthetically pleasing treatment that would result in financial savings to the patient.

We also recognize, however, that under certain circumstances it would be consistent with the value hierarchy proposed here if a dentist refused to undertake a more esthetic treatment if doing so would mean severe financial loss to the dentist. Such a refusal would be ethical if the dentist informed the patient of the various options so the patient may be able to exercise autonomy and seek financial assistance or alternative care. Sometimes this is necessary when, in dentists' judgment, such economies are necessary to maintain a practice (preferred practice values) in which the higher ranking values could then be preserved. Esthetic values may be ethically sacrificed in such a case, not because the value of money outranks these values, but only because the sacrifice enables the preservation of the overall dental practice and its higher ranking values.

6. Cost

Dentists may ethically recommend, and patients may choose, less expensive dental work. In our example, the patient received the less expensive crown. So it is important to ask in what ways money may ethically influence dental care decisions. Dentists value a great many other things that

can be summarized as cost, as ordinarily, money is the link between care decisions and the achievement of many other values. This is not to say money can buy everything; our point is that there are a great many other things that dentists value besides the categories examined here. So the values summarized in our notion of cost are myriad.

As noted in the previous section, insofar as saving or making money is a means to assuring the achievement of higher ranking categories of value, its pursuit may be quite consistent with the concept of ethical practice. But may cost be ethically considered for the sake of values other than those higher on this ranking? Our answer is, not if any of the higher ranking categories of value are sacrificed for it. Among alternatives that equally achieve the higher ranking values, however, there is nothing unethical in a dentist's recommending a less costly rather than a more costly treatment, simply on the basis of the monetary savings involved.

7. Other external factors

Other external factors are more difficult than the preceding categories to incorporate into an account of ethical decision making. Their influence will vary considerably, depending on factors that may be difficult to perceive in the clinical situation or that are only significant in specialized circumstances. For example, in the case of an alcoholic patient with severe periodontal disease, the advice of the social worker and the demands of social justice are complex elements that the dentist must consider in making an ethical decision. But such external factors, although they should be considered by dentists, would rarely, if ever, be of such ethical significance as to outweigh the values of life and health, and appropriate and painfree oral functioning.

Nevertheless, the principles of distributive justice, of social policy, and of public

safety and welfare are of such importance that we cannot conclude that such external factors might not be weightier than the other values within our proposed hierarchy on certain occasions. In the current atmosphere of cost containment, the professional obligations of dentists regarding the equitable distribution of health care and health care resources should perhaps rank even higher in this hierarchy.^{1,21,22}

Conclusion

This ranking of values for dental ethical decision making at chairside is offered here out of a conviction that it is a reasonable ranking. But even if it is rejected, we hope that it will serve to prompt further reflection and discussion among clinicians. We will be pleased if this essay prompts others to define more carefully the process of clinical-ethical decision making in dentistry. Since ethical values have a central role in the day-to-day activity of dental practice, it is crucial that dentists be thoughtful and articulate about the relative importance of the values that guide their practice of dentistry.

JADA

This investigation was supported in part by grants from the National Fund for Medical Education, the Henry J. Kaiser Foundation, and the Andrew Mellon Foundation. The opinions and assertions contained herein are those of the authors and are not to be construed as necessarily representing the views of these foundations.

Dr. Ozer is associate professor of philosophy, department of philosophy, and clinical associate professor, school of dentistry, Loyola University of Chicago, 6525 N. Sheridan Rd., Chicago, 60626. Dr. Schiedermayer is associate director, Center for the Study of Bioethics, Medical College of Wisconsin, and Dr. Siegler is professor of medicine and director, Center for Clinical Medical Ethics, Pritzker School of Medicine, University of Chicago. Address requests for reprints to Dr. Ozer.

1. Ozer, D. Three models of professionalism and professional obligations in dentistry. *JADA* 110(2):173-177, 1985.

2. Burns, C. Denistry: professional codes in American dentistry. In Reich, W., ed. *Encyclopedia of bioethics*, vol. 1. New York, Free Press, 1978, pp 314-316.

3. Conway, B., and Rutledge, C. The ethics of our profession. *JADA* 62(3):333-342, 1961.

4. Nash, D.A. Ethics in dentistry: review and critique of *Principles of Ethics and Code of Professional Conduct*. *JADA* 109(4):397-603, 1984.

5. Nash, D. Ethics . . . and the quest for excellence in the profession. *J Dent Educ* 49(4):198-201, 1985.

6. McCullough, L.B. Ethics in dental medicine: a framework for moral responsibility in dental practice. *J Dent Educ* 49(4):219-224, 1985.

7. Jonsen, A.R., Siegler, M., and Winslade, W.J. *Clinical ethics: a practical approach to ethical decisions in clinical medicine*, ed. 2. New York, MacMillan, 1986, pp 1-15.

8. Siegler, M. The doctor-patient accommodation: a central event in clinical medicine. *Arch Intern Med* 142(10):1899-1902, 1982.

9. Siegler, M. Searching for moral certainty in medicine: a proposal for a new model of the doctor-patient encounter. *Bull NY Acad Med* (57):56-69, 1981.

10. Cassell, E.J., and Siegler, M., eds. *Changing values in medicine*. Frederick, MD, University Publications of America, 1985.

11. Pellegrino, E. Toward a reconstruction of medical morality: the primacy of the act of profession and the fact of illness. *J Med Philos* 4(1):32-56, 1979.

12. Ozer, D.T. Patient autonomy: three models of the professional-patient relationship in medicine. *J Theoret Med* 5(1):61-68, 1984.

13. Ozer, D.T. The central values of geriatric dentistry. In Chauncey, H., and Heffernan, J., eds. *Clinical geriatric dentistry*. Chicago, American Fund for Dental Education, to be published.

14. Palmer, B.B. The philosophy of dental health service: its relation to the changing social order. *J Am Coll Dent* 48(3):179-192, 1981.

15. Bebeau, M.J. Teaching ethics in dentistry. *J Dent Educ* 49(4):236-243, 1985.

16. Bebeau, M.J.; Rest, J.R.; and Yarnum, C.M. Measuring dental students' ethical sensitivity. *J Dent Educ* 49(4):225-233, 1985.

17. ADA Council on Dental Research. Guidelines for the use of human subjects in dental research. *JADA* 98(1):86-88, 1979.

18. Schiedermayer, D.L., and Siegler, M. *Believing what you read: responsibilities of medical authors and editors*. *Arch Intern Med* 146(10):2043-2044, 1986.

19. Smolin, J., Fretwell, L.D., and Zucker, S.B. The dentist's role in combating child abuse. *VA Dent J* 55(3):18-21, 1978.

20. Waldman, H.B., and Schissel, E. Honor codes and peer review—peer review really possible? *J Dent Educ* 41(3):125-128, 1977.

21. Siegler, M. A physician's perspective on a right to health care. *JAMA* 244(14):1592-1596, 1980.

22. Ozer, D. Justice and a universal right to basic health care. *Soc Sci Med* 15F(4):136-141, 1981.

- September 1989

CONCLUSION

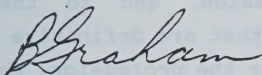
The C.F.D.E./C.D.A. Conference on Ethics in Canadian Dentistry and Dental Education met its two objectives:

1. it developed educational objectives for the teaching of ethics in Canadian dentistry/dental hygiene pre-graduation curricula (although it did not develop similar objectives for continuing education curricula);
 2. it proposed Code of Ethics statements on the six most pressing ethical issues in Canadian dentistry. The "next steps" in the process are now the responsibility of the Association of Canadian Faculties of Dentistry and the Canadian Dental Association. The educational objectives cannot be fully implemented without significant change in the focus of clinical education. The C.D.A. Code of Ethics cannot be revised without the full commitment of the Canadian Dental Association's membership and Board of Governors. The ACFD's Section of Curriculum Coordinators and Education Committee, and the C.D.A.'s Committee on Ethics and Council on Education and Accreditation must now accept their challenges to act in addressing the apparent deterioration in Canadian dental professional ethics. Proactive responses have the potential to reaffirm dentistry's stature in Canadian society as a respected health care profession. Timid, hesitant approaches to the challenge may well doom the profession to a de-professionalization cycle which would irreversibly diminish its stature. The Conference on Ethics specifically recommends:
1. That ACFD's Section of Curriculum Coordinators establish educational objectives and curriculum guidelines for the teaching of ethics to dental/dental hygiene students in Canada.

2. That the Committee on Documentation of C.D.A.'s Council on Education and Accreditation review the Requirements for Approval of the teaching of D.D.S., D.M.D. and Diploma in Dental Hygiene programs to ensure that ethics receives emphasis in its program accreditation procedures and decisions.
3. That ACFD's Education Committee and Section of Curriculum Coordinators recommend and facilitate a change in the focus of student clinical education from its current emphasis on clinical treatment procedure requirements to the provision of care which addresses the patient's oral health needs.
4. That the Committee on Documentation of C.D.A.'s Council on Education and Accreditation review the Requirements for Approval of D.D.S./D.M.D. and Diploma in Dental Hygiene programs to ensure that the focus of clinical education is patient care needs rather than individual treatment procedure completion.
5. That the Committee on Continuing Education of C.D.A.'s Council on Education and Accreditation takes steps to encourage the provision of Ethics in Dentistry/Dental Hygiene continuing education courses.
6. That C.D.A.'s Committee on Ethics rewrite or revise the C.D.A. Code of Ethics to establish it as a document which is an accurate and complete reflection of contemporary dental professional ethical values and principles, and addresses the ethical issues of today's society.
7. That C.D.A.'s Executive Council and Board of Governors tangibly encourage and support the efforts of the Committee on Ethics.

The Chairman wishes to thank the conference participants for their enthusiastic and hard work; the two conference facilitators, Dr. Ozar and Prof. Schafer, for their effective and provocative leadership; and Ms. Stella Taylor, of the Association of Canadian Faculties of Dentistry, for her administrative support of the conference.

Respectfully submitted,



Bruce S. Graham, D.D.S., M.S., M.Ed., M.R.C.D.(c)

Conference Chairman

CANADIAN DENTAL ASSOCIATION**CODE OF ETHICS****PREAMBLE****PURPOSE**

This Code of Ethics is a set of principles of honourable conduct to which dentists must aspire to fulfil their duties to their patients, to the public, to the profession, and to their colleagues. This Code clarifies principles that are definitive of ethical dental care. For those about to enter the profession, this Code identifies the basic moral commitments of dentistry and may serve as a source for education and reflection. For those within the profession, the Code serves as a basis for self-evaluation. For those outside the profession, this Code may serve to establish expectations regarding the conduct of dentists. This Code of Ethics is educational, guides behaviour and articulates to the larger community our values and ideals by reason of trust and commitment.

PRINCIPLES

This Code is the national guideline, and expresses the values shared by the dental profession across Canada. Ethical codes can vary as they may express different values. In each province, the licensing bodies have adopted Codes of Ethics as guidelines that set standards for their jurisdictions.

Dentistry is a profession, in part, because decisions must be made that are moral choices. Every practitioner makes decisions that involve choices between conflicting values while providing care for patients. These values are considered by a dentist in making a decision prior to providing treatment. These values are listed in the order of priority and include:

Life and Health:	The primary concern is the life and general health of the patient.
Appropriate and Pain Free Oral Function:	The specific nature of such function for each individual patient depends on variables including the patient's age, general health, underlying anatomy, and compliance with dental hygiene.
Patient Autonomy:	The patient has the right to decide from alternate treatment plans. This choice may or may not be that which the dentist would prefer.
Practice Preferences:	A dentist's mode of practice plays an important role in his treatment decisions and must be respected.
Aesthetic values:	Oral and facial appearance is important to the self-image of the patient.
Costs:	Dentistry often offers a wide range of treatment choices. Appropriate treatment alternatives are to be presented each with its associated costs and benefits.

Under certain circumstances, a lower value may supersede the next higher. These circumstances depend upon the clinical situation as it presents and external factors that may arise. Rarely, would external factors be of such ethical significance as to outweigh the prioritized values.

This document is intended to guide a dynamic process. It reflects not only current thought on issues, but is also an ethical framework that is responsive to changing needs and values. While change is inevitable - certain truths will always remain for us to identify in our response to the human condition.

The dentist's primary responsibility is to the patient. In fulfilling this responsibility, the dentist shall uphold the honour and the dignity of the profession and shall adhere to codes, laws, and obligations as required under applicable legislation.

1989-12-02

GOVERNMENT RELATIONS COMMITTEE

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Les Allen, Chairman, Winnipeg
Dr. Elizabeth MacSween, Ottawa

Executive

Liaison: Dr. Les Allen, Winnipeg

Coordinator: Mrs. Sandra Deziel, Manager, Executive Services

1. Committee Meetings and Activities

As reported to the Board through the Management Committee Report to the 1989 Annual Meeting, the Government Relations Committee structure has been reviewed. This review has resulted in a decision that the Chairman of the Committee will be a member of the Management Committee and will serve a minimum term of two or three years. Dr. Les Allen, Vice-President, was appointed to the Chair by the President in August 1989; Dr. Allen also chairs the Ad Hoc Committee on Medical Services Branch which will report through the Government Relations Committee. The re-structure intends to link all government related committees through a common Executive Liaison, and Dr. Allen has therefore been named Executive Liaison to the Taxation Committee.

The Committee met on Friday, December 15, 1989, with Medical Services Branch representatives, Dr. Gillian Lynch, Acting Assistant Deputy Minister, Medical Services Branch and Dr. William Bedford, Senior Consultant - Dentistry, Health and Welfare Canada. Dr. Brad Holmes, Past-Chairman of the CDA Ad Hoc Committee on Medical Services Branch also attended the meeting for continuity purposes.

In addition, periodic meetings and discussion have taken place since the report to the 1989 Annual Meeting.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Transfer - Update

Medical Services Branch received approval in mid-year for funding for the transfer program for the next five years. This five year funding demonstrates the government's commitment to the program. There are still concerns with the program among the Indian people in that transfer involves an administrative transfer only, and that there is no program enrichment involved.

To date, fifteen bands have decided to go the self-government route which allows for more power at the band level. There are two hundred and twenty (220) bands in pre-transfer and to date six (6) transfer agreements have been completed. Under the transfer program, the government approves the community health plan and an appropriate budget provided to implement the plan. The communities have flexibility within the budget and the overall health plan.

The following non-insured services which include dental services are not presently on the table for transfer:

Non-insured Services

- Transportation
- Drugs - prescription - over-the-counter
- Medical supplies
- Eye glasses (excluding examinations which are insured services)
- Other health services (physiotherapy, chiropractic therapy)
- Health care premiums
- Dental services

It was agreed that if and when uninsured services, including dental services are included in the transfer of programs, dental associations will be involved in discussions with Medical Services Branch.

3. Baffin Zone

An update was provided on the situation in the Baffin Zone, and the status of the tender process. At present, a short term contract exists between Health and Welfare and the Government of the Northwest Territories. Therapists in the Northwest Territories answer to the five regional health boards. This situation is apparently causing some discontent among the therapists, and CDA expressed some concern with the impact the current situation is having on the dental therapists. Particular concern was raised with regard to recall appointment treatment planning by dental therapists in the Northwest Territories.

Medical Services Branch indicated that employees under transfer will be employees of the provincial or territorial government concerned. In relation to the Northwest Territories, Dr. Lynch indicated that a meeting in Yellowknife will be needed soon, and offered to attempt to widen the discussion to include the involvement of CDA.

4. Schedule of Dental Services

The revised schedule of dental services for the Indian and Inuit population was reviewed by the group and CDA's representatives indicated their satisfaction with the results.

It was confirmed that the schedule covers items which can be provided without pre-determination. All regional dental officers have the authority to approve other dental services beyond those listed in the schedule. Medical Services Branch is developing a process for decision-making to assist the regional dental officers in making decisions regarding pre-determination. A meeting of regional dental officers will take place in Toronto this March, and CDA will be invited to attend the portion of the meeting which is to discuss the handling of exceptions to the schedule of dental services.

The new schedule of dental services will be sent to all dentists who have provided treatment under Blue Cross. The covering letter will provide the new toll free numbers. Provincial dental associations will be contacted by M.S.B. to determine if they can assist with the dissemination of this information.

The new schedule of dental services has been forwarded by Medical Services Branch to Mr. Richard Saunders, Director, Program Support Services, Assembly of First Nations. The CDA has forwarded a letter to Mr. Saunders indicating its role in participating in the review and development of the schedule and the CDA's satisfaction with the final results. The letter also indicated that the CDA is willing to participate in discussion of any items in the schedule along with representatives of the Assembly and Medical Services Branch.

5. Steering Committee on Oral Health Promotion

The task of the Steering Committee on Oral Health Promotion continues with Dr. Elizabeth MacSween representing the CDA on the Committee. Draft 3 of a discussion paper "Oral Health for all Canadians: Facing the Future" has been given wide circulation for comment. The Steering Committee will hold a

workshop on January 25-26, 1990 in Ottawa to review the discussion paper. Dr. Elizabeth MacSween will provide CDA comments on this paper, and will provide the Chairman with any updates available before the Board Meeting.

APPENDIX I

6. Tobacco Products and Health

In support of its responsibility to improve both the general and oral health of Canadians, the CDA, through its Government Relations Committee, has continued to provide the Government with appropriate comment on regulations under the Non-Smokers' Health Act and the Tobacco Products Control Act. Correspondence between President Niedermayer and the Ministers of National Health and Welfare and Transport are appended.

APPENDIX II

In October, the CDA reviewed draft regulations under the Non-Smokers' Health Act and provided the appended comments to both the Department of Labour and the Department of Transport. On December 12, 1989, an additional submission was forwarded from the CDA in support of the Government's plans for smoke-free international flights. The Government's subsequently decided to postpone the full implementation of smoke-free international flights until July 1, 1990.

APPENDIX III

The Government Relations Committee thanks the Corporate Bodies who have supported the CDA initiatives through correspondence to the appropriate ministries.

7. Motor Vehicles Safety Regulations

In keeping with the Committee's mandate to review federal government legislation and regulations affecting both the oral health and general health of Canadians in November, 1989, a general letter of support was forwarded from President Roach to the Minister of Transport concerning the tandum use of seatbelts and inflatable cushions.

APPENDIX IV

8. Government Relations Dinner

A dinner with an appropriate government related guest speaker will be held on Thursday, March 29, at the Ottawa Congress Centre. Mrs. Margaret Catley-Carlson, Deputy Minister, Health and Welfare Canada accepted CDA's invitation in this regard.

Respectfully submitted,

Les Allen, B.Comm., D.M.D.
Chairman, Government Relations
Relations Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Government Relations Committee as information.



Health and Welfare
Canada

Santé et Bien-être social
Canada

Health Services
and Promotion
Branch

Direction générale
des services et de la
promotion de la santé

APPENDIX I

November 24, 1989

Your file votre référence

Our file notre référence

Mr. Jardine Neilson
Executive Director
Canadian Dental Association
1815, Alta Vista Dr.
Ottawa, Ontario
K1G 3Y6

Jardine
Dear Mr. ~~Neilson~~:

The Department of National Health and Welfare formed the Steering Committee on Oral Health Promotion in March, 1988 to develop national goals and strategies on oral health. You may have been asked, over the past few weeks, to review Draft 3 of the discussion paper "Oral Health for All Canadians : Facing the Future" which comes from the Steering Committee.

The Steering Committee will be holding a workshop on January 25 and 26, 1990 in Ottawa to review the discussion paper and we would like to invite your organization to send a representative. We are hoping you will be able to send someone in a senior decision-making position. We will be asking your representative to identify how your organization could promote the concepts included in the discussion paper.

Approximately 16 organizations are being invited to join the Steering Committee. The primary objectives of the workshop will be:

- 1) to obtain feedback on the document
- 2) to develop a marketing strategy
- 3) to determine participants' level of commitment and involvement.

... 2

Ottawa, Ontario
K1A 1B4

Ottawa, Ontario
K1A 1B4

156

Canada

The Department of National Health and Welfare will pay the travel costs, according to government regulations, for participants to attend the meeting.

I hope you will be able to send a senior representative to the meeting and I look forward to receiving their name, address and telephone number as soon as convenient. Upon receipt, I shall forward information to them on the travel and meeting arrangements.

I thank you in advance for your interest in oral health promotion.

Yours sincerely,



Sharon B. Amer
Adviser, Dental Health Standards
Tel: (613) 954-8616
Fax: (613) 957-1406

Minister of National Health
and Welfare

Ministre de la
et du Bien-être social

Ottawa, K1A 0K9

16 X 1989

Jack W. Niedermayer, B.A., D.D.S.
President
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Dr. Niedermayer:

Thank you for your letter dated August 21, 1989, in which you enclosed a copy of the Canadian Dental Association's submission concerning regulations pursuant to the Tobacco Products Control Act, along with a copy of a letter submitted to the previous Minister of National Health and Welfare.

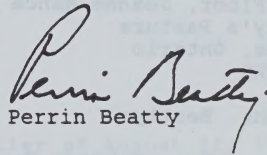
While I regret your disappointment with the initial set of regulations, there will be further opportunities to undertake regulatory initiatives. Possibilities include the development of further health messages for labelling tobacco product packaging, as well as appropriate health information inserts or leaflets for tobacco product packages.

As you are aware, Information Letter #754 proposed some further health messages for possible use in a future regulatory round, including a message which highlights the hazards of passive smoking. How best to approach the question of a health warning message about dependence or addiction is a matter that will be considered following receipt of the report of an expert committee convened on the Department's behalf by the Royal Society of Canada.

.../2

My officials will review the submission of the Canadian Dental Association in the course of preparing for the next round of tobacco product regulations. Thank you for keeping me apprised of your views and concerns on this important public health issue.

Sincerely,


Perrin Beatty



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT / CABINET DU PRÉSIDENT

August 21, 1989

The Honourable Perrin Beatty
Minister of Health and Welfare Canada
21st Floor, Jeanne Mance Bldg.
Tunney's Pasture
Ottawa, Ontario
K1A 0K9

Dear Mr. Beatty:

Re: Tobacco Products Control Act - Regulations

I am writing to bring to your personal attention the concerns of the Canadian Dental Association relating to regulations under the Tobacco Products Control Act.

The CDA shared the disappointment of many other health and social agencies when initial regulations were promulgated under the Tobacco Products Control Act. Prior to that, and in response to your Department's Information Letter #754, the enclosed CDA submission was forwarded to your department's officials charged with drafting initial regulations.

I urge you and your department to review the CDA submission which, I feel strongly, continues to be valid and is of increased urgency, given the delays allowed by the failure of current regulations to address our concerns.

Would you also consider my sentiments expressed by letter to your predecessor, the Honourable Jake Epp on September 29, 1988. Please be assured that you have the support of the Canadian Dental Association in working toward the government's objective of a generation of non-smokers by the year 2000.

Sincerely yours,

Jack W. Niedermayer, B.A., D.D.S.
President

Encl.

/msg

Ministre des Transports



Minister of Transport

OCT 11 1989

Mr. Jack W. Neidermayer, B.A., D.D.S.
President
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Dr. Neidermayer:

Thank you very much for your letter of August 21, 1989, regarding smoking on Canadian carriers. Please accept my apologies for the delay in replying; however, the volume of correspondence has been such that I am only now able to respond.

The Non-smokers' Health Act, which will be in effect on December 31, 1989, will regulate smoking on flights on all Canadian airlines. As you are aware, my department is currently reviewing its policy on the designation of smoking areas in aircraft and developing regulations to be included in the Act. Let me assure you that your correspondence has been added to the consultation file and that the opinions expressed by your organization will be given every consideration.

I should also mention that the draft regulations will be pre-published in Part I of the Canada Gazette in early October. At that time the public will be given a further opportunity to comment on the regulations.

I appreciate being informed of your organization's views on this matter. Thank you, once again, for writing.

With every best wish,

Yours sincerely,

Benoit Bouchard

161



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT / CABINET DU PRÉSIDENT

August 21, 1989

Honourable Benoit Bouchard
Minister of Transport
330 Sparks Street
25th Floor, Tower C
Place de Ville
Ottawa, Ontario
K1A 0M5

Dear Mr. Bouchard:

Re: Regulations Under the Non-Smokers' Health Act

The Canadian Dental Association is the national organization representing the interests of the dental profession in Canada. The CDA recognizes, with deep concern, the effects of the use of tobacco products on both general and oral health and has adopted the eradication of tobacco use as an on-going priority.

On June 29, the Non-Smokers' Health Act received Royal Assent, and as you are aware, will come into force on December 20, 1989. The Act will eliminate smoking completely on public transportation carriers, and in passenger terminals and stations, unless regulations are adopted by your Department to limit its effect.

The Canadian Dental Association requests, therefore, that Transport Canada promulgate no regulations under the Non-Smokers' Health Act. Such a decision on the part of your ministry would respond to the Government's stated objective of a generation of non-smokers by the year 2000, and have an immediate positive impact on the health and safety of Canadians.

Sincerely yours,

Jack W. Niedermayer, B.A., D.D.S.
President

/msg



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT / CABINET DU PRÉSIDENT

October 30, 1989

Mr. J.M. Carter
Occupational Safety and
Health Branch
Department of Labour
9th Floor
Ottawa, Ontario
K1A 0J2

Dear Mr. Carter:

The Canadian Dental Association has reviewed draft regulations for the Non-Smokers' Health Act published in the Canada Gazette on October 7, 1989.

The CDA is heartened to see that the new draft regulations are very much stronger than those originally proposed and circulated. I am pleased to inform you that the CDA supports the general thrust of the regulations including the interpretation section, details regarding designated smoking rooms and designated smoking areas and notice of smoking restrictions.

We will be writing to Mr. Bedier at the Department of Transport, to provide comments with regard to transportation items.

I would ask that you record the support of the Canadian Dental Association for the general provisions of the Non-Smokers' Health Act as published in the Canada Gazette on October 7, 1989.

Sincerely yours,

Kevin L. Roach, B.Sc., D.D.S.
President



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT / CABINET DU PRESIDENT

October 30, 1989

Mr. D. Bedier, Senior Advisor
Department of Transport
Room 2608, Tower C
Place de Ville
Ottawa, Ontario
K1A 0N9

Dear Mr. Bedier:

The Canadian Dental Association has reviewed the draft regulations for the Non-Smokers' Health Act as published in the Canada Gazette on October 7, 1989.

Our general support of these draft regulations has been relayed to Mr. Carter at the Department of Labour; this letter is to provide you with our comments with regard to transportation items.

Buses

The CDA requests that the section on buses be removed from the regulations. We believe that all smoking on buses should be banned. Many bus companies have voluntarily eliminated smoking on their vehicles. Regulations designating 30% of seating capacity on 30% of bus runs would be counter-productive in terms of the health and safety of bus passengers.

Trains

The CDA supports the proposals contained in the regulations with regard to trains. Having said this, environmental tobacco smoke in the workplace should not be involuntarily imposed on any railway employee.

.../2

Ships

We are concerned that the 30% of the total surface area of a ship allowed for smoking might be a very great percentage of the total interior of a particular ship. This is of particular concern when recognizing that the regulations do not provide for mandatory ventilation to the exterior from smoking areas on ships.

Aircrafts

We are extremely pleased with, and congratulate the Government for taking steps to ban smoking on domestic and international flights. With regard to entity charters, we would hope that employees are not involuntarily subjected to tobacco smoke.

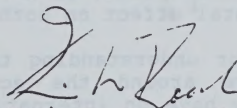
Airport/Marine Passenger Terminals

Railway Passenger Stations/Inter-Urban Bus Stations

We find that the allowed 30% of the total surface area for smoking is much too large. In all probability, this represents a much larger area than the areas currently designated as smoking areas in these locales.

The Canadian Dental Association appreciates the opportunity of providing you with the foregoing comments.

Sincerely yours,



Kevin L. Roach, B.Sc., D.D.S.
President



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT / CABINET DU PRESIDENT

December 12, 1989

Mr. Paul Tellier
Clerk of the Privy Council
and Secretary to the Cabinet
Langevin Building
80 Wellington Street, Ste 332
Ottawa, Ontario
K1A 0A3

Dear Mr. Tellier:

The Canadian Dental Association (CDA) has been made aware that the airline industry has initiated a last minute lobby of federal ministers, in order to affect a change in the Government's plans for smoke-free international flights.

The CDA reviewed draft regulations for the Non-Smokers' Health Act published in the Canada Gazette on October 7, 1989, and provided appropriate comment to the Department of Labour and the Department of Transport. With regard to smoking on aircraft, we were extremely pleased with the proposed steps to ban smoking on domestic and international flights. We sent well-deserved congratulations to the federal government in this regard, and we sincerely hope that the government will stand firmly behind these plans, as a weakening of the regulations will have a detrimental effect on both health and safety.

It is our understanding that the concerns of the airline industry centre around the economic repercussions that the smoking ban may have on international flights. We have reviewed comments made to you on this point by the Canadian Cancer Society, and we are in general agreement with those comments. Suffice to say, the Canadian Dental Association does not believe that the concerns expressed by the airline industry are sufficient to outweigh the Government's mandate to protect the health and safety of the Canadian public.

Sincerely yours,

Kevin L. Roach, B.Sc., D.D.S.
President



ASSOCIATION DENTALE CANADIENNE

- c.c. Mr. John Fisner, Special Assistant to the Deputy Prime Minister
- Ms. Norah Mulvihill, Legislative Assistant, Justice and Attorney-General
- Mr. Bob Houston, Legislative Assistant, National Revenue
- Mr. Jacques Lanteigne, Special Assistant, Minister of State (Forestry)
- Mr. Yves Vaillancourt, Legislative Assistant, Employment and Immigration
- Mr. Andy Pascoe, Special Assistant, Privatization and Regulatory Affairs
- Mr. Warren Everson, Executive Assistant, Transport
- Ms. Melanie Tod, Special Assistant, Labour
- Mr. Michael Ferrabee, Chief of Staff, Indian Affairs and Northern Development
- Mr. Jim LeBlanc, Executive Assistant, Min. of State, Science and Technology



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT / CABINET DU PRESIDENT

November 3, 1989

Honourable Benoit Bouchard
Minister of Transport
330 Sparks Street
25th Floor, Tower C
Place de Ville
Ottawa, Ontario
K1A 0M5

Dear Mr. Bouchard:

The Federal Regulatory Plan for 1989 indicates that your Department is reviewing motor vehicle safety regulations, with regard to automatic protection systems. While realizing that proposed regulations have not yet been published in the Canada Gazette, the Canadian Dental Association would like to provide input of a general nature to the review process.

As the national professional association representing dentistry in Canada, the CDA is dedicated to the principle that all Canadians should have the best oral health possible. As oral health care providers, dentists see first-hand the tragic results of motor vehicle accidents causing injuries to the face, teeth, and jaws. Current literature available to us indicates that the tandem use of seat belts and inflatable cushions could have a considerable effect on the reduction of these injuries.

The CDA wishes to record its support for the promotion of the tandem use of seat belts and inflatable cushions in the design of automatic protection systems for motor vehicles. On behalf of my Association, I would ask that this support be given consideration in the current and any future review of your Department's regulations in this regard.

Sincerely yours,

Kevin L. Roach, B.Sc., D.D.S.
President

JAN - 8 1990

Mr. Kevin L. Roach, B.Sc., D.D.S.
President
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Dr. Roach:

Thank you very much for your letter of November 3, 1989, received in my office on November 21, regarding my department's review of motor vehicle safety regulations governing the use of automatic restraint systems. Please accept my apologies for the delay in replying; however, the volume of correspondence has been such that I am only now able to respond.

I appreciate being informed that the Canadian Dental Association supports the tandem use of seatbelts and air bags in automobiles. Under the current federal regulations, vehicle manufacturers have the option of installing manual (lap-shoulder seat belts) or automatic (air bag/seat belt combination or automatic seat belts). The term "automatic restraint system" refers specifically to a device which restrains the occupant during a collision without any action on the part of occupant. The voluntary installation of automatic restraint systems has been in place since 1974.

The majority of vehicles currently on the road in Canada are equipped with manual systems which are being used by 76 per cent of Canadian drivers. In comparison, U.S. regulations require that by 1992, all new passenger cars be equipped with automatic restraint systems, one option of which is the air bag.

At present, the necessary research, development, and production tools to permit the installation of air bag systems in passenger cars have been completed only for a limited number of vehicle models. As no other country has mandated the installation of air bags, a uniquely

.../2

Canadian requirement would severely limit the number of vehicle models which could be sold in Canada. The segments of the vehicle market most adversely affected would be the lower priced model lines, smaller vehicles in particular.

My officials are currently engaged in a major research program to upgrade the present regulations governing frontal crash protection. The air bag and seat belt combination is being considered in the formulation of this set of performance standards. The requirement under consideration for head injury prevention is especially stringent and, if adopted, will provide an even higher level of occupant protection than the current Canadian requirements.

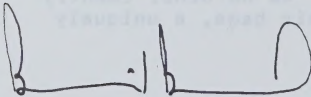
You may be assured that I strongly support the voluntary installation of more advanced safety features such as the supplementary air bag system in vehicles. I am encouraged by recent industry announcements that air bags will be made available in Canada in steadily increasing numbers. Specifically, approximately 100,000 vehicles for the 1990 model year are expected to be fitted with supplementary air bag systems. Furthermore, within the next three to four years, my department anticipates that supplementary air bags will be made available in most full-size and mid-size vehicle models sold in Canada, as well as in a significant number of smaller vehicles.

In the short term, my department continues to strongly support activities such as legislation, enforcement and public education aimed at increasing the use of existing manual seat belts since, by virtue of their universal fitment in Canada, they offer the most immediate means of further reducing deaths and injuries among vehicle occupants.

Thank you, once again, for sharing the Canadian Dental Association's views with me on this important road safety matter.

With every best wish.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'Benoit Bouchard'. The signature is fluid and cursive, with a large loop at the end.

Benoit Bouchard

INFORMATION SERVICES COMMITTEE

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Paul O'Brien, Chairman, St. John's
Dr. William Hettenhausen, Thunder Bay
Dr. Sam Sgro, St. Léonard
Dr. Amanda Maplethorp, West Vancouver
Dr. Greg M. Ritson-Bennett, Innisfail

Executive Liaison: Dr. Ron Smith, Duncan

Coordinator: Miss Linda Teteruck, Director of Communications

1. Committee Meetings

The Information Services Committee met once since the last Board, on Friday, October 6, 1989. Mr. Mark Sarner and Ms. Cathy Beaumont of Manifest Communications were guests at this meeting.

ITEMS REQUIRING BOARD ACTION

2. Dental Health Month 1990

Based on discussions at the Board's last meeting and an informal telephone survey of corporate members completed immediately prior to the Board's last meeting, a revised plan for the "Live Bob" campaign was proposed. The Implementation Plan for Live Bob is appended.

APPENDIX I

Comments received from provincial bodies about the original proposal indicated general support for the concept, but highlighted concerns about meeting demands for the character during Dental Health Month and travel costs. Consequently the original proposal was revised to allow greater provincial control of the character.

The Live Bob Kit package permits the provincial dental associations to control programming efforts utilizing the costume in their own province. Each kit will include a costume, a training package, and a planning kit outlining suggested uses for "Bob".

The Committee expressed concern that the character reflect well on the CDA and as a result, acceptable behaviours and events will be included as part of the Planning Kit. (At the time of writing this report six costumes have been leased.)

Provincial dental associations and Ontario dental societies will pay a \$1500 leasing fee for a one year period and sign a lease agreement with the CDA to participate in the program.

While the production of the costumes requires considerable outlay of capital in 1990 it is projected that the cost of the costumes will be covered over a three year period. Also, the existence of the costumes is expected to increase visibility of the campaign.

RESOLVED:

90.19 **THAT the Committee on Information Services endorses the "Bob Live Implementation Scenario" and directs CDA staff and Manifest Communications to proceed forthwith.**

ADOPTED

The Committee reviewed 1989 expenses and revenues associated with DHM and noted that revenue was over budget at \$81,810.38 according to financial statements to August 31, 1989 as compared to expenses of \$119,057.77. Miss Teteruck pointed out that year round marketing efforts using the CDA catalogue had boosted sales and that additional revenue is anticipated during the final quarter of 1989.

Correspondence has been initiated between the CDHA and CDA in order to encourage the hygienist's involvement in the DHM campaign. To date no response has been received.

The Committee reviewed preliminary prices for DHM materials and discussed pricing policies at length. The Committee agreed to institute a bulk ordering practice based on 1988 and 1989 sales in order to decrease unit costs of materials. The Committee directed staff to price materials at 30% over cost to absorb some of the creative development and administrative costs attached to this project. Concern was expressed by the Committee that provincial dental associations should be encouraged to participate in the program through price breaks. Bulk order discounts based on gradients of quantities ordered will be passed on to the provinces and Ontario dental societies provided that orders are received prior to December 31, 1989. (Further to discussions at the Executive Planning Session in October, a 30% increase has been included on materials sold directly to corporate members and a 70% increase on materials sold directly to the dentist to ensure that CDA's merchandising efforts net zero expenses.)

Executive Council wishes to note that the CDA opposes the use of CDA artwork and PMT without CDA's permission. CDA will allow reproduction of Bob when the product is not in direct competition with CDA material.

A poster contest is planned once again for the 1990 campaign. And while time is short, it is hoped that corporate sponsorship can still be obtained to assist with either new or current DHM plans.

2. Dental Awareness Program

Following a review of the Dental Awareness Program's history and accomplishments Mr. Sarnier presented a draft proposal for the future of the DAP for the Committee's consideration.

APPENDIX II

The proposal designates program activity from 1990-1992 and outlines projects strategically aligned into four pertinent areas of emphasis:

- communication to the profession
- communication to the public
- dental health month
- support activities (market research, corporate sponsorship, intermediaries)

Committee members commented on the ambition of this particular strategic plan and assigned priority to the following projects for 1990:

1. Patient Communication System
2. Television Public Service Advertising
3. Marketing of the Consumer's Guide to Dental Care
4. Recall Kit Program
5. Dental Health Month

Lengthy discussion ensued on the budgetary implications of this plan. It was noted that despite the program's successes CDA funding of the DAP has eroded significantly over the past few years. The Committee was very concerned about the reduced funding being apportioned to the DAP, they felt it was important that appropriate funding levels be maintained in order to reaffirm CDA's DAP commitment to government and industry and to allow programming efforts to continue. Dr. Smith was requested to present these concerns to Executive Council at the October Planning Session.

The Committee also voiced the observation that this plan includes budgetary projection beyond those currently approved by CDA.

RESOLVED:

90.20 THAT the proposal for the Dental Awareness Program 1991-1992 be approved.

The Board of Governors Council agrees in principle with the proposed Program for 1991-1992, subject to the usual budgetary process.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. **Recall Kit Program**

The Committee reviewed results of research into the development of a recall kit and seminar series to be marketed to dentists and their staff in 1991-1992. The research report and future plans were presented to the Board of Governors as information.

The program has three phases:

1. research
2. program development
3. corporate sponsorship

At their last meeting, the Committee allotted \$10,000 of DAP monies to cover expenses related to the research phase of the Program.

The research involved a literature search and review, dental office visits and interviews, and a survey of CDA members.

Research results showed strong support for this type of program. The survey mailed with the Communiqué showed a high response rate at 10-12% of the membership. It was noted that this indicates a high level of readership for the Communiqué. A similar survey on patient education published in the Journal drew only 3 responses.

The Committee agreed to proceed with this program and encouraged Manifest to begin solicitations of corporate sponsorship as soon as possible. The project will be budgeted as a special project for 1990 and will generate funds in 1991-1992. The net cost to CDA will work out at zero.

4. First Teeth

Mrs. Allen-McGill reported that the second phase of the program was underway. Dentists would either receive a complimentary kit of materials or a package of information with an order form for 25 complimentary kits. The mailings are scheduled for the week of October 10.

The distribution of these free materials is being funded by Colgate-Palmolive as part of their commitment to this program.

5. Magazine Supplement - Reader Research Results

The Committee was presented with results of a survey conducted by the Chatelaine Consumer Council relating to the "Keep Smiling/5 Pt. Prevention Plan" magazine supplement placed in the April issue of Chatelaine/Châtelaine. The Committee was pleased to note the superior recognition rate of the insert at 91%; an increase from 74% in 1987. The insert was funded by Colgate-Palmolive Canada.

Due to the success of this particular project the Committee directed that similar efforts be attempted for 1990.

6. Patient Information System

The Committee was disappointed to learn that a commitment to sponsor this program has not been obtained from Proctor and Gamble. Proctor and Gamble has been informed that CDA will be approaching other potential corporate sponsors to invite their participation in this program.

One sponsor to fund the entire program is preferred rather than several smaller companies due to the saleability of some of the publications' topics. However, the separation of this proposal is a possibility if corporate sponsorship is not obtained in the near future.

7. New Catalogue

The Committee was pleased to note that sales of materials have increased due to targeted marketing efforts using the Journal, the Communiqué, and the catalogue. Pamphlets continue to be good sellers despite their dated appearance and text.

Staff reported that a new catalogue is planned for 1990 in order to improve upon the current one, to implement new pricing policies and to update stock items available.

8. Corporate Leverage

Mr. Sarner presented the Committee with a detailed report on the leverage generated by the Dental Awareness Program since its inception in 1985.

It was noted that approximately \$4.5 million in goods, services, grants and sales has been received to date.

APPENDIX III

Respectfully submitted,

Paul O'Brien, D.D.S.
Chairman,
Information Services Committee

FILING OF REPORT

The Board of Governors accepts the report of the Information Services Committee with appreciation. The Board of Governors thanks Dr. O'Brien and his Committee for their efforts and work.

BOB LIVE IMPLEMENTATION SCENARIO

Introduction

Based on the results of the August Executive Council meeting, there appears to be considerable agreement with the idea of Bob Live for DHM 1990, but little agreement regarding the process and logistics of putting such a effort together. This document aims to clarify this latter issue by presenting a Bob Live implementation scenario.

Manifest has done considerable research into "touring mascot" programs. We have consulted eight costume designers and six people who have actually organized or implemented mascot programs. We have learned a great deal from "those who have gone before". In this scenario we have combined this learning with our knowledge of the CDA and Dental Health Month.

There are many factors to consider when choosing the best way to "bring Bob to life":

- Level of CDA control over the program: CDA wants to maximize quality control while minimizing the headaches. CDA wants to facilitate the provinces' use of Bob Live. CDA does not want to control a national Bob Tour centrally.
- Political relationships with the provinces: While some provinces are very keen to have Bob Live in their communities, others are lukewarm or non-committal. The CDA wants to maintain good relationships with the provincial associations and colleges by providing them with appropriate DHM products and services.
- Preservation of Bob's personality: In his present, two-dimensional incarnation, Bob is a warm, charming character. His personality must come through in the costume as well.
- Timelines and budget: The program must be developed and implemented within the schedule and the money available.

Description of the Scenario

The Bob Live program, in this scenario, is not really a tour. It is closer in development and implementation to a franchise or licensing agreement. In effect, the CDA will sell, with a written agreement, a complete Bob Live Package to interested provincial associations and societies. The provinces will inform their members of the availability of Bob Live, and local communities will book Bob's appearances with the provincial association.

The Bob Live Package will include:

- One Bob costume
- One Bob Planning Kit: This will include information on how to use Bob, the best events and activities in which to use him, etc. This also contains the rules and regulations for Bob's use and behaviour, and the consequences for misuse of the character or costume.
- A training videotape that shows the prospective Bob performer how to get in and out of the costume, how to move in the costume, and the various behaviours that are permitted while in the costume.
- DHM Order Forms

How the Scenario will Work

General information about the Bob Live program will be presented during the Fall Tour. In the Fall Tour presentations, provincial associations will receive enough information to make an informed decision about purchasing the Bob Live Package. Following the Tour, provinces will place their orders with the CDA, and will pay a fee for the Bob Live Package and a one-year agreement. At about the same time, the provinces will place their orders for bulk quantities of DHM materials.

Once the provinces know that they will be purchasing one or more Bob Packages, they will publicize the availability of Bob Live to their members. Subsequently, local dental groups will book the Bob Live Package with their provincial association office. The provincial association will coordinate the shipping and receiving of the Package so that each local group receives it on time and in good shape. Provincial associations may charge local groups a fee for rental of Bob Live if they choose to do so. The provincial association will be responsible for replenishing the Package if necessary between appearances, and may order spare costume parts from the CDA if required.

Advantages to the CDA

- Quality control with no headaches. The CDA will provide a high quality program and materials to the provinces at a price the provinces can afford. The provinces assume responsibility for booking and shipping.
- The provinces have sufficient control over the program that they won't feel as though CDA is treading on their turf. It's a true partnership.
- By having all the Bob costumes made at once, his character will be interpreted professionally and consistently. Rules and regulations to the provinces, plus consequences for misuse, will further ensure the preservation of Bob's personality.
- CDA is not penalized financially for success, since the provinces must handle the demand for Bob and schedule his appearances. The CDA can provide multiple Bob Live Packages to provinces upon request.

The Role of Corporate Sponsorship

There are several potential ways for a corporation to support the Bob Live program and Dental Health Month:

- Sponsorship of Bob costumes, videos, or other Package ingredients.
- Sponsorship of a national Bob Live Tour that takes place independent of the events and appearances being arranged by the provinces. A Tour would likely be done in conjunction with a retail chain such as Shoppers Drug Mart.
- Sponsorship of a national contest or promotion, in which Bob is the central figure.

Financial Analysis

The budget for DHM is fixed. Expenses are divided into "non-recoverable" and "recoverable". Manifest's fees for strategic planning and coordination are considered to be non-recoverable, ie will not elicit a tangible return. Expenses related to Bob Live and DHM materials are considered to be recoverable, meaning that these expenses can be recouped through sales. The budget which follows is independent of any corporate support, since this cannot be guaranteed at this time.

Item	Expenses	Sales Revenue	Grants and Sponsorship
Non-recoverable			
Manifest fees	25,000		
Total non-recoverable	25,000		
Recoverable			
Bob Kits		7,500	
costumes	20,000		10,000 (CFDE)
video	23,000		
Programming and Marketing Materials			
planning kits			
order forms			
Communiqué Journal	22,000		
DHM materials	70,000	100,000	
Total recoverable	135,000	107,500	10,000

Note:

1. Five seems to be the minimum number of Bob costumes required to satisfy the needs of interested provinces. Additional costumes could be manufactured on an "as needed" basis.
2. Although the revenue from sales of the Bob Live Package is low compared to the expenses, the revenue is for a one-year agreement only. In subsequent years, there will be sales revenue without the same expenses of costume and video development.

Decision Time

This scenario is workable. It meets the needs of the provinces and CDA. It can be developed and managed well given the human and financial resources available.

But time, already in short supply, is becoming scarce. We need to take action now.

Even if DHM implementation begins today, there's a tremendous time pressure to get work accomplished. The schedule which follows outlines the situation we're facing.

REVISED DENTAL HEALTH MONTH SCHEDULE
13-Sep-89

DATE	ACTION	RESPONSIBILITY
'September 13	Present Bob Live scenarios Decision to move ahead	Manifest CDA
Sept. 15 to 30	Clarify roles and responsibilities re: DHM	CDA and Manifest
'September 30	Redo pricing of current DHM inventory including PST	CDA
'September 30	Confirm provincial planning cycles	CDA
Sept. 15 to Oct. 15	Prepare list of corporations, develop proposal, begin making presentations	Manifest in conjunction with CDA
Sept. 15 to Oct. 31	Develop Tour Planning Kit Begin video development	Manifest
Sept. 20 to Oct. 15	Prepare Fall Tour presentation	Manifest
'October 15	Contract with costume company	Manifest
Oct. 15 to Nov. 15	Develop Bob costume prototype	costume co.
Oct. 16 to Nov. 1	Fall Tour	Manifest/CDA
Oct. 1 to Nov. 1	Develop order form for individual dentists	Manifest
Nov. 1 to 15	Translate Tour Planning Kit	Manifest
Nov. 1 to 15	Translate order form for individual dentists	Manifest
'November 15	Complete presentations to corporations, secure sponsorship and sign agreements	Manifest/CDA
'November 30	Production of Tour Planning Kit	Manifest
'November 30	Complete outlines of articles for Communiqué	Manifest

Nov. 15 to 30	Develop plan based on corporate support	Manifest/CDA
Nov. 15 to 30	Production of order form for individual dentists (to camera-ready)	Manifest
'December 1	Place orders for Bob Live Package	Provinces
Dec. 1 to March 30	Implement plan based on corp. support	Manifest/CDA
Dec. 1 to April 30	Fulfill orders for DHM materials and merchandise	CDA
'December 15	Deliver final copy for Communiqué articles to CDA	Manifest
'January 2	Suggest cover art design for March Journal	Manifest
'January 30	Deliver completed Bob video	Manifest
'February 1	Begin shipping Bob Live Packages	CDA

DENTAL AWARENESS PROGRAM

STRATEGY 1990-92

DRAFT

Prepared by
Manifest Communications
 for the
Canadian Dental Association

September 23, 1989

Introduction

The Dental Awareness Program is a cornerstone of the communications efforts of the Canadian Dental Association. Since its creation in 1985, the DAP has had a significant effect on the dental profession and the Canadian public. Thanks to the efforts of the DAP, Canadians are more aware of the value of preventive dental care, and dentists have increased access to information and resources to help them improve their patient communication efforts.

The CDA has already approved a DAP strategic plan for 1988-1990. This plan is designed to take the CDA into the next phase of the DAP, from 1990 to 1992. It builds on the past experience of the Dental Awareness Program, while reflecting new thinking and providing a sound foundation for planning the future.

This plan begins with a summary of the current situation in the Dental Awareness Program. Following this is an outline of the plan's three objectives and four Areas of Emphasis. Each Area of Emphasis is then broken down into its component activities and programs. Finally, all activities are collected into a "big picture" of the strategy as a whole. A budget summary completes the strategy.

The following pages outline a strategy for meeting the challenges of the next few years. It is simple, yet not simplistic. It is straightforward without tunnel vision. And it is a blueprint for addressing the needs of the CDA, its members, and the Canadian public in a managed, systematic, and creative way.

This document is a working draft. Please do not circulate.

Strategic Context

The CDA is in business to serve its members, the dentists of Canada. Within the DAP, this service takes two forms: providing resources and expertise to the dentists directly, and informing and educating the Canadian public. These two groups of customers are necessarily interdependent. Canadians who buy into the importance of regular preventive dental care are more likely to visit the dentist regularly. Dentists who buy into the importance of patient communication and education are more likely to provide their patients with appropriate information. Thus within the DAP, the CDA has two types of customers, and it must provide quality programs and services to both groups. This strategy is geared toward creating interest and demand in the public while giving dental professionals what they need to satisfy that interest and meet that demand.

Recent research^{*} has shown that the needs and expectations of Canadians are changing, and their attitudes and behaviour regarding professionals are changing as well. At the same time, the competition for the public's attention has never been greater. Organized dentistry, from the CDA to individual dentists, have responded to this challenge in innovative ways. This same innovation, coupled with leadership and customer responsiveness, will keep the DAP vital and dynamic.

The DAP strategy also exists within the context of a larger strategy: the **Comprehensive Communication Program Action Plan**. Several of the objectives of this Action Plan are complimentary to and will enhance the efforts of this DAP strategy. These objectives are:

- To increase and sustain dental awareness, knowledge and appropriate behaviour among the Canadian public with particular emphasis on the essential health care role of the dental profession, and the appropriate utilization of dental services.

^{*} e.g. Tomorrow's Customers, by Woods Gordon

Looking Ahead

- To increase awareness and understanding of CDA's role, activities and achievements and of the benefits of CDA membership among Canadian dentists and dental students.
- To increase and sustain recognition among government, industry, media, and public of CDA's unequivocal authority and national leadership in matters relating to dental health and dentistry in Canada.

The Dental Awareness Program Today

Since 1985, DAP initiatives and activities, including the Good For Life slogan, Dental Health Month, First Teeth, annual magazine supplements, the Consumer's Guide, What a Difference a Little Care Makes, public service advertisements, and two Gallup Polls, have had a significant effect on the dental profession and the Canadian public.

Some of the benchmarks of this progress are:

- 1988 Gallup Poll results showing that Canadians in ever greater numbers are beginning
 - to accept the importance of dental health,
 - to gain deeper knowledge of the techniques of dental care,
 - to feel less anxious about visiting the dentist, and
 - to have a sense of the important role dental visits play in dental health.
- First Teeth and Checkup research show strong awareness of DAP paid advertising efforts.
- Health and Welfare Canada has lauded CDA for leadership and innovation in health promotion.
- Media coverage of dental issues has continued to grow, increasing over 1000% since 1984.
- Effective collaboration with outside sponsors has attracted over \$ 4 million in sponsorship and service to DAP programs.
- Amount of programming, scale of infrastructure, and buy-in to Dental Health Month by provincial dental associations has increased dramatically since 1986.

Looking Ahead

The focus of the DAP has been, and must continue to be, the promotion of dental health and preventive dental care.

The DAP currently has a number of programs which have worked successfully toward this end. Programs like First Teeth, Dental Health Month, and regular magazine inserts demonstrate clearly the leadership role that CDA has taken. This current strategy builds on this leadership role by giving the CDA the opportunity to be more influential and innovative. The key to this approach is targeting DAP activities more precisely and placing specific emphasis on the CDA's two customer groups: dentists and the Canadian public. These efforts will lead to the long-term repositioning of dentistry and dental health as central to the well-being of Canadians.

In addition, the CDA will need to continue to pay attention to DAP "support activities": those activities, such as research, sponsorship, and liaison with other organizations, which contribute significantly, although indirectly, to the success of the DAP.

This strategy represents something more than a "business as usual" approach. The strategy's three objectives represent the "North Star" for the DAP for 1989 and 1990. Just as the real North Star is used by navigators, these objectives provide a clear, well thought out point of reference. These North Star objectives give direction, focus, and stability. Everything in this strategy - every area of emphasis, every activity, has been tested against these three objectives. Those activities found wanting didn't make it into this document.

There are three objectives in the 1989-1990 strategy:

- Increase the dental profession's awareness and support of the Dental Awareness Program.

The dental profession is a vital communication channel to the public. To maintain and increase the influence it has over the dental health behaviour of Canadians, dentists must respond to patients' changing needs and expectations. Since the DAP began, professional support of the program (through sales of materials, responses to direct mail promotions, etc.) has increased steadily. As a service to both its members and the public, the CDA must pursue this objective.

- Increase the public's use of preventive dental care services.

Making people aware of dental health is a start. Educating them and encouraging them to adopt personal dental practices is the next step. But the bottom line, from the CDA's point of view, is motivating more people to use preventive dental care services more often. The CDA must continue to place a high priority on strategic activities that raise the public's awareness, educate them, and motivate them to use the services that are available.

- Position the CDA as a leading health promotion organization.

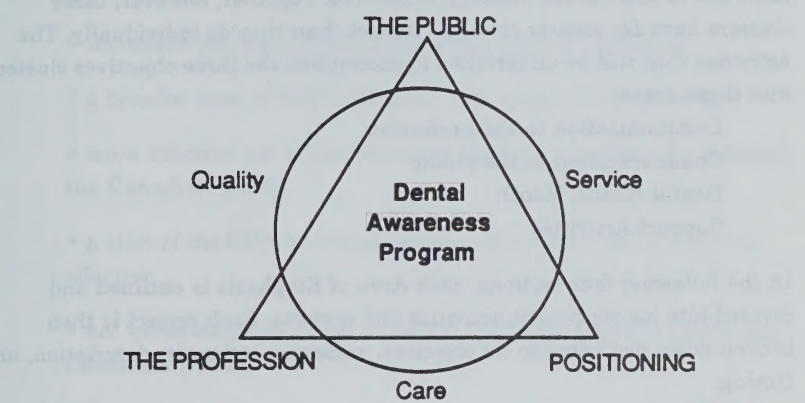
The CDA, through the DAP, has developed a number of exceptional programs for the dental profession and the public. The CDA has also led the way in public health breakthroughs, such as the introduction of fluoride in water supplies, that are worthy of recognition. The reasons for positioning the CDA as a health promotion leader are twofold: to gain CDA the recognition it deserves for its excellent work, and to open up other potential channels of communication (such as other national health organizations) to carry CDA messages.

These objectives have three more ingredients: **quality, service, and care**. According to business leaders such as Tom Peters, Warren Bennis, and Lee Iacocca, quality, service and care are the elements that distinguish exceptional organizations from those who merely stay in business. These elements must be communicated subtly yet constantly through all DAP programs.

The health care field overall is moving toward a greater appreciation of the importance of communicating quality, service, and care. Including these elements in the DAP's strategic approach will reinforce the CDA's

leadership role. In addition, communicating quality, service, and care will challenge the current assumptions and negative images of the profession as entirely self-interested.

To sum up, the three objectives of this 1989-1990 strategy are represented as follows:



Areas of Emphasis

If the three objectives of this strategy represent the North Star, the Areas of Emphasis represent the constellations surrounding the North Star. The Areas of Emphasis are clusters of activities, each of which is designed to meet one or more of the strategic objectives. Together, however, these clusters have far greater strategic impact than they do individually. The activities that will be undertaken to accomplish the three objectives cluster into these areas:

- Communication to the profession

- Communication to the public

- Dental Health Month

- Support Activities

In the following four sections, each Area of Emphasis is outlined and divided into its component activities and projects. Each project is then broken down according to its objective, audience, rationale, description, and timing.

The three overall strategy objectives and the four Areas of Emphasis together create a strategic framework that is appropriate, relevant, and unchanging. The projects and activities in each Area of Emphasis represent the best strategic thinking of the moment. Nevertheless, it is important to note that a substantial portion of DAP programming is contingent on sponsorship or other funding outside the CDA. It is also likely that new opportunities will arise during the time period covered by this strategy. So while the strategic framework should remain rigid, the selection of projects and activities within this framework should contain a degree of flexibility.

Communication to the Profession

Since the DAP began in 1985, Canadian dentists have steadily increased their support for the program. With this strategy, we can achieve:

- increased understanding and support of DAP principles.
- increased purchase and consumption of DAP resources.
- a broader base of DAP resource users within the profession.
- more effective use of the dental practice as a medium for reaching the Canadian public.
- a view of the CDA by the profession: as a leader, as relevant, as effective.
- an understanding of the changing needs and expectations of the Canadian public.

The CDA can reach the dental profession directly, through provincial dental associations, through local dental societies, and through other health promotion organizations.

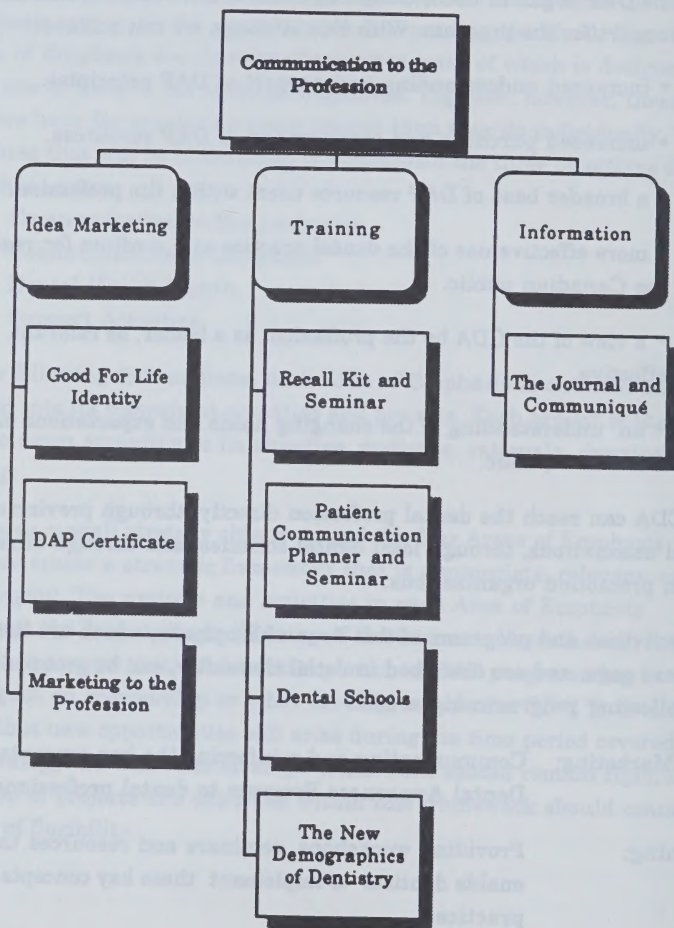
The activities and programs of this Area of Emphasis, which are listed on the next page, and are described in detail thereafter, can be grouped into the following programming areas:

Idea Marketing: Communicating and reinforcing the key concepts of the Dental Awareness Program to dental professionals.

Training: Providing workshops, seminars and resources that enable dentists to implement these key concepts in their practices.

Information: Providing dental professionals with timely and relevant news and information they can use.

The following chart outlines these programming areas and activities:



Recall Kit and Seminar	Audience:	Rationale:	Description:
Objective: To provide a variety of recall techniques and methods that enable dental teams to either maintain or increase efficient patient flow.	Primarily dental receptionists and other staff responsible for recall. The secondary audience is dentists themselves.	Recent research has shown that there is a strong need within the dental profession for an assortment of tried and true methods and techniques for improving recall effectiveness.	A kit of step-by-step, easy to follow, easy to implement techniques for maintaining and/or increasing effective recall. A series of forms, cards, etc. that support techniques in the kit will be created and produced for sale by the CDA. The Recall Seminar will support and reinforce the key messages of the Recall Kit and thereby increase its effective implementation. For a more detailed explanation, please see the Recall Research Report, July 1989.

Patient Communication Planner and Seminar

Audience:
Primarily CDA members.

Objective:
To expand the network of Planner users and Seminar participants by repackaging the Planner and marketing the Seminar.

Rationale:
Although the Patient Communication Planner is currently available, it is not achieving its distribution potential. Likewise, the Seminar clearly meets the needs of participants, but it has not yet been widely marketed.

Description:
The Patient Communication Planner is a guide to assist the dentist in setting communication objectives and monitoring the results. The Seminar is a one-day workshop that supports and reinforces the Planner. Both have been in existence since 1987.

Dental School Strategy

Audience:
Dental students at Canadian universities.

Objective:
To develop a strategy for informing dental students about the DAP, and for increasing the number of dental students who retain CDA membership after graduation.

Rationale:
The 1987 Kline study of Ontario dentists revealed that while virtually all dentistry students are CDA members, they are much less inclined to retain membership after graduating and setting up practice. It is therefore appropriate to communicate to students in dental schools the twin messages of the DAP and the value of CDA membership.

Description:
The development of this strategy will require the input of the CDA and major dental schools across Canada. Once developed, this strategy will be pilot-tested at one or two universities prior to its widespread application. The strategy will integrate with ongoing CDA membership efforts.

The New Demographics of Dentistry

Audience:

CDA members, potential corporate sponsors.

Objective:

To develop and market a presentation/speech/workshop that focuses on the Canadian public's changing needs and how dentists can best adapt to these changes.

Rationale:

Dramatic changes are taking place in Canadian society. In order for dentistry to maintain its present market and develop new opportunities, dentists must have a clear understanding of the changing demographics, needs and interests of Canadians in general and dental patients in particular.

Description:

The NDD is an awareness-building and motivational tool; a modular speech/presentation/workshop that can be adapted to different audiences. Though primarily targeted to dentists, this presentation can, with minor modifications, be given to potential corporate sponsors to help them understand the context of DAP projects.

Good For Life Identity

Objective:

To maintain/improve the profile of the DAP through more comprehensive use of the Good For Life Identity and "box of copy".

Audience:

Readers of DAP-related print material, all participants in DAP-sponsored presentations/workshops

Rationale:

With the growth and increasing diversity of the DAP, it is important to maintain the unifying elements of the GFL logo and descriptive copy. In this way, dental professionals recognize that what they are reading, distributing or participating in is part of a larger, ongoing and unique campaign.

Description:

This program includes the development of: standard sizes and proportions for the GFL logo on all DAP materials; a standard "box of copy" description of the GFL program to go on all DAP materials; and a standard mention of GFL for use in all DAP presentations and workshops.

The DAP Certificate

Objective:

To provide dentists who participate in the DAP with a tangible symbol of their commitment to it.

Audience:

Dentists who order DAP materials and merchandise.

Rationale:

The Dental Awareness Program is special. There's nothing else like it in organized dentistry. The DAP certificate will give the participating dentist tangible evidence of his involvement in this unique program. Further, displaying the DAP certificate will show patients that the dentist is committed to patient education and preventive care.

Description:

A professionally-designed, ready-for-framing certificate, which can be distributed through current CDA order fulfillment channels.

Marketing to the Profession

Objective:

To market DAP goods and services, including promotional material, merchandise, training, and other services.

Audience:

CDA members, non-members, organized dentistry, and appropriate intermediary organizations.

Rationale:

Every program in this section of the plan needs to be marketed to its intended audience. DAP materials are already selling well to the profession. Sales of materials and services generate considerable revenue for the DAP. Integration of DAP marketing efforts into overall CDA marketing is desirable.

Description:

A strategic framework for marketing that effectively targets audiences, selects appropriate vehicles, and delivers DAP programs where they are needed within the profession.

The Journal and Communiqué	Audience: For the Journal: Canadian dentists. For the Communiqué: CDA members.	Rationale: Both these publications are cost-effective vehicles for reaching dental professionals.	Description: In the Journal, the DAP Advisor offers dentists monthly hints and tips on improving patient education and communication. In the Communiqué, CDA members learn the latest news about DAP programs.
Objective: To maintain/increase the profile of the DAP through regular contributions to the Journal and Communiqué.			

Communication to the Public

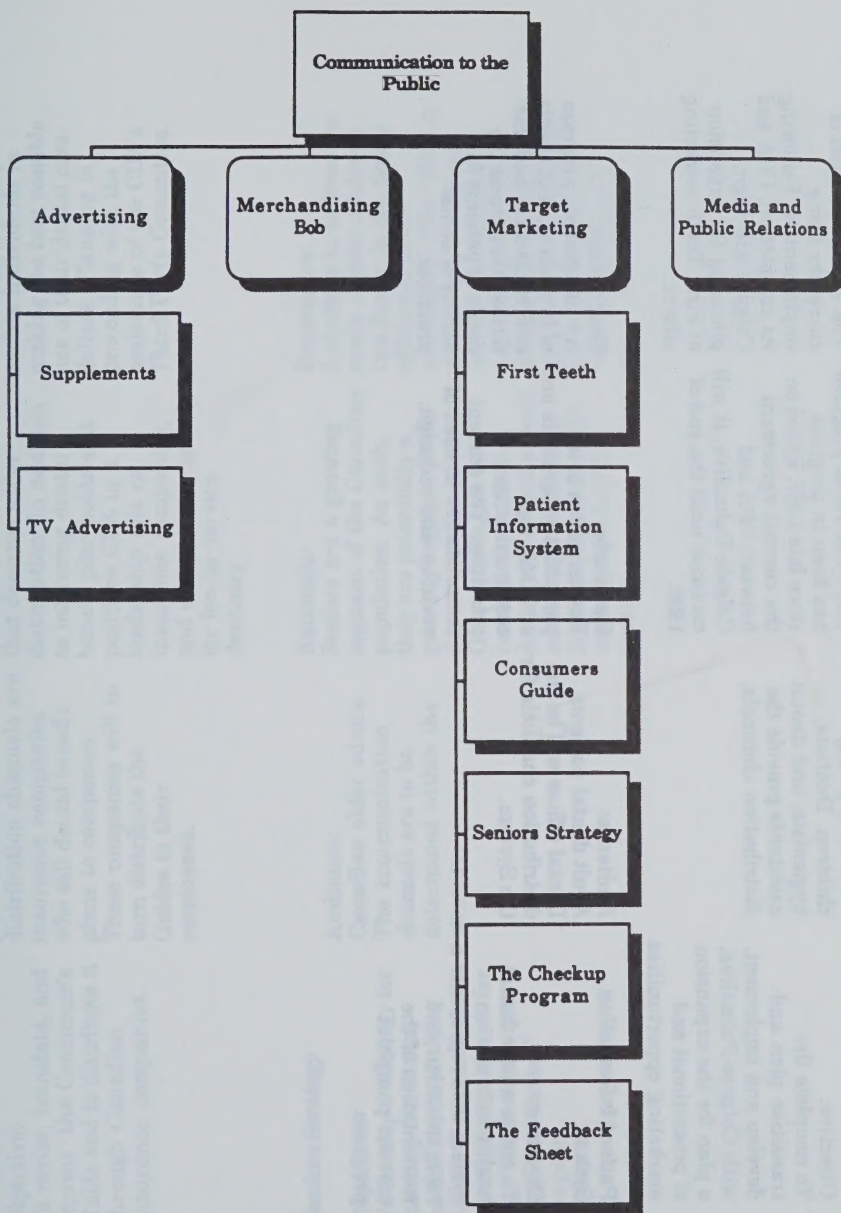
According to the Gallup Poll in 1988, Canadians are getting the message about preventive dental care. Yet much more needs to be done through the DAP to maintain and increase current levels of regular dental visits. In this Area of Emphasis, we want to achieve the following:

- reinforced behaviour of the "Good-For-Lifers": those who visit their dentist regularly.
- reactivation of the "lapsed patients": those who may be unwilling to visit the dentist regularly or who are "lost in the system".
- increased visiting behaviour of the "sporadic users": people who only go to the dentist occasionally or when there's a problem.
- a public view of the CDA as an authoritative, helpful leader in health promotion.
- a long term re-positioning of the role of the dentist and dental health in overall health.

There are two sets of channels for reaching the public: through the dental office and through public channels such as the media.

The activities in Communication to the Public can be categorized into four programming areas:

Advertising:	Communicating key messages about dental health via paid advertising in various media.
Merchandising Bob:	Developing and selling innovative and novel Bob/Keep Smiling merchandise to the public.
Target Marketing:	Segmenting the Canadian population according to demographics and/or dental health attitudes and behaviours, and developing appropriate programs for each target market.
Media and Public Relations:	Working through media and other communication channels to obtain profile and coverage of DAP messages and projects.



First Teeth

Audience:

Parents of young children. Dentists, hygienists, and dental assistants provide the distribution channels.

Rationale:

The First Teeth program has been in progress since late 1987. Based on the current agreement between CDA and Colgate-Palmolive, it will continue until the end of 1990.

Description:

The Transition Plan is currently being implemented. Following its completion, CDA and Colgate will begin planning for expansion of First Teeth marketing efforts.

Objective:

To complete the transition plan and develop and implement, with Colgate-Palmolive, a plan for the expansion of promotional and marketing opportunities.

Patient Information System

Audience:

Adult dental patients. Dental offices will be the distribution channels for the System.

Rationale:

Revitalization of its pamphlet program is one of CDA's top communication priorities. The current materials are in need of revision and redesign.

Description:

An integrated program of brochures, fact sheets, and racks in a modular format that meets the needs of patients in a variety of dental practices.

Objective:

To create a new dental health information system that represents a reorganization and the current pamphlet program.

The Consumer's Guide to Dental Care	Audience: Individual dental benefit plan holders. The distribution channels are insurance companies who sell dental benefit plans to companies. These companies will in turn distribute the Guides to their employees.	Rationale: The Consumer's Guide is an excellent resource that deserves wider distribution. In addition to informing dental benefit plan holders, it positions CDA in a leadership role re: insurance companies, and makes a strong case for fee-for-service dentistry.	Description: The Consumer's Guide is a 32 page booklet that assists individuals in making the best possible use of their dental care dollars. Planning is proceeding with the assistance of the CDA's Third Party Committee.
--	--	--	--

Seniors Strategy	Audience: Canadian older adults. The communication channels are to be determined within the strategy.	Rationale: Seniors are a growing segment of the Canadian population. As such, they are potentially a growing segment of the dental practice market. Older adults can be reached through the dental office itself as well as through community-focussed channels such as the public health system.	Description: A strategy to address the needs of older adults on two fronts: in the dental office and in the community. The "What a difference..." program will be used as a tool in implementation of this strategy. Additional tools may need to be developed, particularly for the dental professional.
-------------------------	---	---	---

The Checkup Program	Audience:	Rationale:	Description:
Objective: To increase dental patient visits by informing and motivating adults to have a regular preventive checkup.	Canadian adults, particularly those who do not visit the dentist regularly.	According to the 1988 Gallup Poll, 27% of Canadians visit the dentist less frequently than once per year. This represents over seven million patients who could be visiting the dentist more often.	The Checkup Program consists of three parts: the Checkup magazine supplement, a pamphlet for lapsed patients, and the Pre-Checkup Checkup. • The magazine supplement will motivate sporadic patients to visit their dentist for a checkup. • The pamphlet will be used by the dentist when the sporadic patient comes in for a checkup. • The Pre-Checkup Checkup will be mailed to regular patients to help them maintain their schedule of visits by getting them more involved in the checkup process.

The Feedback Sheet	Audience:	Rationale:	Description:
Objective: To develop and produce a one page form dentists can use to clearly communicate to their patients the results of their checkups.	All dental patients. The communication channels are dentists and dental hygienists.	Dental practices currently use many different feedback sheets (eg the form developed by the Manitoba Dental Association for Dental Health Month 1989). CDA has an opportunity for CDA to develop and market a Feedback Sheet that communicates the results of a patient's checkup as well as self-treatment and prevention information.	An attractive one-page form or card that dentists can use to a) communicate results of a patient's checkup and b) discuss key points in a program of individual preventive care.

Merchandising Bob

Objective:

To develop a strategy for creating opportunities for merchandising Bob/Keep Smiling to the public.

Audience:

All Canadians.
Segmentation of the audience will be a component of the strategy.

Rationale:

Bob and Keep Smiling embody the DAP message. Bob's warmth and charm help to reduce resistance to dental care messages. With the appropriate strategy and marketing, Bob/Keep Smiling can become as popular and well-known as the "California Raisins". Sales of merchandise can generate considerable revenue for the DAP, and lessen CDA's dependence on corporate support to develop some projects.

Description:

The strategy will provide CDA with opportunities to create and sell innovative and novel Bob merchandise to the public. It will enable this to be accomplished without a CDA investment up front, and without having to create a separate "business".

Media and Public Relations

Objective:

To expand and consolidate national media and public relations efforts in support of the DAP.

Audience:
Selected media and other public audiences.

Rationale:
Successful media successions efforts can result in substantial profile for DAP messages and projects very cost-effectively. The CDA's overall Communication Plan supports expanded media relations programming. Integration with CDA's overall Media and Public Relations strategy is desirable.

Description:
A plan for targeting media and public relations efforts, including both pro-active and reactive approaches.

Supplements

Objective:

To inform and educate Canadians about effective preventive dental care, including personal habits and professional visits.

Audience:
The Canadian public. Target groups and messages will be tailored for each supplement.

Rationale:
Magazine supplements have been a regular feature of the DAP since 1986. The most recent supplement (May 1989) was noticed by over 90% of the magazine's readers and prompted one-quarter of these to change their attitude or behaviour about their dental health. Magazine supplements reach millions of Canadians cost-effectively.

Description:
A full-colour insert in a magazine with national circulation and penetration in both English and French markets. Supplements are placed annually.

TV Advertising

Objective:

To develop and implement a strategy for using paid advertising to promote DAP messages with the cooperation of provincial dental associations and within CDA's budget.

Audience:

Canadian adults. The potential communication vehicles are TV, radio, transit, outdoor, and print.

Rationale:

Advertising is the most effective way to raise awareness among the greatest possible number of Canadians. Most provinces have already indicated their interest for a television ad for Dental Health Month.

Description:

The strategy will focus on the best message, best medium, and best method for implementation. This strategy will require the input of the provincial associations as well as the CDA.

Dental Health Month

Since 1986, Dental Health Month has become an increasingly important vehicle for the CDA, provincial dental associations, local dental societies, and individual dentists working at the community level. Thanks to Dental Health Month, the dental profession has a greater awareness of the DAP and a greater appreciation of how to reach Canadians with messages about preventive dental care.

Plans for Dental Health Month are developed on an annual basis. This strategic plan describes the plan for DHM 1990. There is an assumption that DHM will continue in 1991 and 1992, and that plans for these Months will be developed annually.

As described in the Dental Health Month 1990 Overview document, DHM 1990 is intended to achieve the following:

- increase the visibility of DHM, the key elements of which are Bob and the Keep Smiling message.
- increase participation in DHM, both within and outside the dental profession.
- position CDA as the national source of leadership and direction in DHM strategies and programs.

Dental Health Month communication channels include provincial dental associations, local dental societies and groups, and individual dentists.

Dental Health Month 1990

Objectives:

As stated in DHM planning documents, the objectives are:

To increase the visibility of DHM, the key elements of which are Bob and the Keep Smiling message.

To increase participation in DHM, both within and outside the dental profession.

To position CDA as the national coordinator of DHM activities.

Audience:

The ultimate target audience for DHM is the Canadian public. The communication channels are provincial dental associations, dental societies, local dental groups and individual dentists.

Rationale:

The popularity of DHM has increased significantly over the past several years. Participation has increased as provincial associations and individual dentists have become more involved. The opportunity exists to build on these successes.

Description:

A full description is available in the "Dental Health Month Overview". The two foci for development for 1990 are the Bob Live program and marketing DHM materials and merchandise.

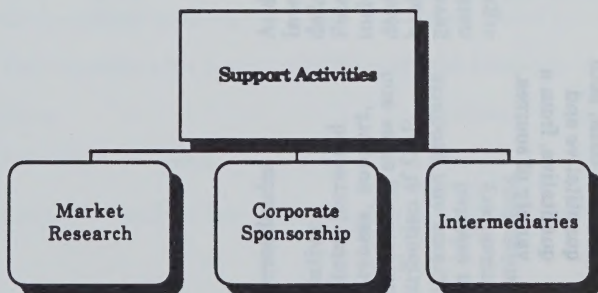
Support Activities

This Area of Emphasis will enrich all other strategic activities. Support activities give the DAP a better chance of meeting its objectives by providing key ingredients for success: clear, focussed research, a broader financial base, and commitment from organizations within and outside dentistry. The support activities include:

Market Research: In order to develop and deliver effective programs to the profession and the public, the CDA needs to use timely and relevant research from a variety of sources. This research will help CDA determine how to target the DAP for maximum effect.

Corporate Sponsorship: Several DAP success stories, including First Teeth, What Every Adult Should Know..., and regular magazine supplements owe their existence to careful research, astute developmental thinking, and corporate sponsorship. Partnerships between CDA and corporations broaden the financial base of the DAP, extend the reach of DAP projects and messages, and raise the CDA's profile in the corporate world.

Working With Intermediaries : Intermediaries are those national and provincial organizations that have an existing or potential relationship with the CDA. These organizations can assist the CDA in positioning itself and can help spread the DAP message at little or no cost. The CDA should not expect these groups to be carriers of DAP messages. Rather, CDA should look to intermediaries for promotion of DAP projects and activities and an understanding of the relevance of the Dental Awareness Program.



Market Research

Objective:

To gather and use relevant and timely research data, both quantitative and qualitative, from a variety of sources.

Audience:

Internal CDA;
publication to dental profession as appropriate.

Rationale:

Ongoing market research is critical to successful implementation of all other facets of this strategy. Every program in the DAP requires market research to ensure its effectiveness. With accurate and relevant research data, CDA can make sound planning decisions and create appropriate vehicles to carry the DAP messages. Integration into overall CDA market research activities is desirable.

Description:

Obtain and analyze twice-yearly Canada Health Monitor data. Conduct appropriate research with the dental profession and specific segments of the Canadian public. Use currently-available research wherever possible. Conduct regular environmental scans and tracking of trends.

Corporate Sponsorship

Objective: To develop a program for expanding the number and nature of DAP corporate sponsorships.	Audience: Potential corporate sponsors.	Rationale: Corporate sponsorship increases the impact of the DAP by making more programs possible and by supporting wider distribution of existing programs. To date, CDA has had considerable success in attracting corporate sponsors. However, the vast majority of corporate dollars come from one company.	Description: This program will include a marketing plan that takes existing and planned DAP projects to the marketplace in a deliberate way. This plan will be accompanied by presentations to potential sponsors. These presentations will include elements of The New Demographics of Dentistry.
--	---	---	--

Intermediaries

Objective: To foster increased awareness, support, endorsement, sales and distribution of DAP programs and products from selected intermediary organizations.	Audience: Intermediary groups as defined by the CDA. Potentially, this might include organized dentistry, the public health sector, the federal government, and other national health-related organizations.	Rationale: Networking with intermediaries can be a cost-effective way of greatly extending a program or initiative's reach. This initiative also positions the CDA strongly within the health care field.	Description: This program includes the development of a plan for using intermediaries as communication channels on a program-by-program basis, as well as a basic information program to keep intermediaries aware of the DAP on a regular basis.
---	--	---	---

Projects by Objective

While each of the preceding projects and activities has its own objective(s), they also work toward the accomplishment of one or more strategic objectives. The following chart illustrates this:

STRATEGIC OBJECTIVE

ACTIVITY	Increase profession's awareness and support of DAP	Increase public's use of preven- tive care services	Position the CDA as a leading health promotion organization
<i>Communication to the Profession</i>			
Recall Kit & Seminar	XXX	XXX	
PC Planner/Seminar	XXX		
Dental School Strategy	XXX		
DAP Certificate	XXX		
New Demog. of Dentistry	XXX		XXX
Good For Life Identity	XXX		
Journal/Communiqué	XXX		
Marketing/Profession	XXX		
<i>Communication to the Public</i>			
First Teeth		XXX	
Patient Info System		XXX	
Consumer's Guide	XXX	XXX	XXX
TV Advertising		XXX	XXX
Supplements		XXX	XXX
Seniors Strategy		XXX	XXX
Checkup Program		XXX	
Feedback Sheet		XXX	
Merchandising Bob		XXX	XXX
Media/Public Relations		XXX	XXX
<i>Dental Health Month</i>	XXX	XXX	XXX
<i>Support Activities</i>			
Market Research	XXX		XXX
Corporate Sponsorship			XXX
Intermediaries			XXX

Budget

The budget for this strategic plan has been developed using several organizing principles:

- Its structure is consistent with the four Areas of Emphasis described in this plan, and is divided according to the programming areas within each one.
- It shows two main sources of funding: CDA dollars (expressed as net costs) and outside dollars (the sources of which are corporate, other organizations, organized dentistry and government).
- It separates out the DHM budget, consistent with CDA budgetting practice.
- It represents best estimates to date, and is subject to future adjustments.

The summary budget for this plan is as follows:

	1990	1991	1992
CDA funding	135,000	160,000	175,000
Outside funding	1.1 million	1.235 million	1.325 million

CDA Funding:

1990: On budget, as approved by CDA.

1991: On budget, as projected by CDA.

1992: Equivalent to 1991 budget plus inflation.

Outside Funding:

1990: On budget or better.

1991 and 1992: Cautious but realistic estimates.

Dental Awareness Program

	1990		1991		1992	
	CDA (\$000)	Outside (\$000)	CDA (\$000)	Outside (\$000)	CDA (\$000)	Outside (\$000)
Communication/ Profession						
Idea Marketing -reinforcing key concepts of the DAP	15		20		20	
Training -providing tools to implement DAP concepts	15	50	15	60	15	75
Information -Journal and Communiqué	5		5		5	
Subtotal	35	50	40	60	40	75
Communication/ Public						
Advertising -communicating key messages via paid media	20	400	40	600	45	650
Merchandising -developing and selling Bob/Keep Smiling products	0	50	0	75	0	100
Target Marketing -developing programs for specific groups	20	600	15	500	15	500
Media and Public Relations -obtaining profile and coverage of DAP	CDA staff		CDA staff		CDA staff	
Subtotal	40	1,050	55	1,175	60	1,250

	1990		1991		1992	
	CDA (\$000)	Outside (\$000)	CDA (\$000)	Outside (\$000)	CDA (\$000)	Outside (\$000)
Support Activities						
Market Research -support for all projects, overall scans	30		35		40	
Corporate Sponsorship -developing an ongoing program	5		5		5	
Intermediaries -developing an ongoing program	5		5		5	
Subtotal	40		45		50	
DAP Planning and Coordination	20		20		25	
TOTAL DAP	135	1,100	160	1,235	175	1,325

Dental Health Month

	1990		1991		1992	
	CDA Revenue (\$000)	CDA Expenses (\$000)	CDA Rev. (\$000)	CDA Exp. (\$000)	CDA Rev. (\$000)	CDA Exp. (\$000)
Non-Recoverable		25		30		35
Merchandise	117	17.5	130	15	145	15
Net CDA Cost	42.5		45		50	

In Conclusion

This strategy represents CDA's opportunity to move the Dental Awareness Program ahead in a planned, integrated and dynamic way. It is a managed plan for meeting and exceeding the challenges of the next eighteen months.

By adopting the three strategic objectives and the four areas of emphasis, the CDA will commit itself to a plan which will result in greater public awareness, increased member satisfaction, and improved public and professional profile. No doubt there are challenges ahead. With this strategic North Star and its accompanying constellations, the CDA is prepared to meet these challenges.

Manifest Memo

To: Linda Teteruck
 From: Mark Sarnier
 Date: Sept 21, 1989
 Re: DAP leverage to date

Since its inception, DAP has worked to leverage CDA dollars by generating additional support for the program. Leverage includes:

- funds, goods, and services provided from the corporate sector
- funds, goods, and services provided by organized dentistry, other than established DAP budget
- grants from government and non-government organizations
- sales of DAP created products and services

The following page provides an update on DAP leverage since April 1985 when the program was launched:

All amounts are expressed in thousands of dollars

<u>Project</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>
<u>Advertising</u>					
Magazine Supplements	250	300	325	250	300
Magazine Ads					
Keep Smiling				25	
First Teeth				30	
Consumers Guide			300	200	
<u>Special Projects</u>					
What Every Adult...		250			
First Teeth			200	300	500
What A Difference...			30	10	
Consumers Guide			200	200	
DHM	15	15	15		
Grants	7	7	10	10	10
Patient Communication Seminars		1	12		
<u>Research</u>	15				
Totals	287	573	1,092	1,025	810
Total					3,787

Sales:

This leverage summary does not include revenues from sales of DHM and DAP materials or DAP pamphlets. In general, sales of all materials have increased dramatically since DAP began. Specifically:

- Sales of pre-existing DAP materials have experienced sustained annual increases since 1985.
- New DAP products, such as First Teeth, What Every Adult Should Know, Consumer's Guide, What a Difference a Little Care Makes, posters and fact sheets have all generated significant sales revenue.
- DHM materials have experienced both dramatic sales increases and the addition of new products.

Overall, it is fair to estimate the increased value of sales since 1985 at three to five hundred thousand dollars.

Total leverage to date:

- | | |
|-----------------------------------|----------------|
| • from summary | \$3,787,000 |
| • sales activity (low estimate) | 300,000 |
| • First Teeth 1990 | <u>500,000</u> |
| (committed contractually in 1987) | |

Total	\$4,587,000
--------------	--------------------

Potential new leverage for the balance of 1989 and 1990:

The following projects are all planned for 1989-1990. Estimates of anticipated leverage are subject to change.

- | | |
|---|---------------|
| • Supplement: up to | \$400,000 |
| • Patient Information System: up to | 531,000 |
| • Recall Kit/Seminar | 30,000 |
| • Patient Communication Planner/Seminar | 30,000 |
| • Dental Health Month | <u>50,000</u> |

Total	\$1,041,000
--------------	--------------------

MANAGEMENT COMMITTEE

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Gilles Dubé, Lachute - Chairman
Dr. Kevin L. Roach, Pembroke
Dr. Les Allen, Winnipeg
Dr. Jack W. Niedermayer, Regina
Mr. Jardine Neilson, Executive Director

Coordinator: Mrs. Sandra Deziel

1. Committee Meetings

Since the 1989 Annual Meeting of the CDA Board of Governors, the Management Committee has met three times - October 19, and December 16, 1989 and January 24, 1990.

ITEMS REQUIRING BOARD ACTION

2. Audited Financial Statements - Canadian Dental Association and Canadian Dental Research Foundation

A draft unaudited financial statement for the CDA was reviewed by the Executive Council. Draft unaudited statements for the CDRF were not available.

Management Committee reviewed a report on the timing of presentation of the audited financial statements to the Board of Governors.

APPENDIX I

RESOLVED:

90.21 THAT the audited financial statements for the CDA and the CDRF be presented to each Annual Meeting of the CDA Board of Governors.

ADOPTED

The audit for 1989 will begin in mid-February, 1990. It is projected that the 1989 audited statements for the CDA will indicate a small surplus of revenue over expenses.

3. 1990 Budget Review - 1991 Preliminary Budget**1990 Budget Review**

Certain priorities identified at the 1989 Planning Session require funding beyond that allocated in the provisional budget for 1990. The implementation of the communication strategy, renovations to the CDA Building, intensification of membership promotion, and additional staff requirements in Communications and Professional Services directorates require funding beyond the 1990 provisional budget allocations. These factors, coupled with a decrease in the projected membership revenue, made budget reductions in other areas essential. Budgets for Professional Resource Utilization, Government Relations, Board, Management and Executive activities have been reduced. The Presidents and CEO's Meeting for 1990 has been cancelled.

APPENDIX II

Notes included with the budget documents detail the revisions that were made to the 1990 provisional budget previously approved by the Board of Governors.

1991 Preliminary Budget

At the January 1990 meeting of the Executive Council, a budget planning session took place in order that the 1991 budget and associated fee increases be determined. The 1991 budget appended to the report is preliminary and will be reviewed by the Executive Council at the 1990 Fall Planning Session. Any significant adjustments to the 1991 budget will be reported to the Board at the 1991 Interim Meeting. Notes included with the preliminary budget documents for 1991 identify significant adjustments over the 1990 budget.

APPENDIX III**RESOLVED:**

**90.22 THAT the appended Preliminary Budget
 for 1991 be approved.**

ADOPTED

4. 1991 Fee Increases

Management Committee reviewed the requirement for fee increases in 1991 against the 1991 preliminary budget. The Licensing Body and Corporate Fees were reviewed. No change is recommended at this time. Notice of the proposed fee increase was forwarded to corporate members immediately following the January Executive Council Meeting. Management Committee noted that there is potential to reduce the projected deficit at the 1991 Fall Planning Session of the Executive Council. The following breakdown is provided in relation to the increase to the membership fees:

Inflation	5.5%
GST	1.8%
Communications Strategy	1.9%
New Programs	1.4%

RESOLVED:

90.23 THAT the active membership fee for 1991 be increased by 10.6%, from \$330.00 to \$365.00; and,

THAT other individual membership categories be increased proportionately.

ADOPTED

5. Task Force - CDA Structure Review

Board composition should reflect representation of all members of the CDA. The establishment of a Task Force to review CDA membership stipulations relative to the allocation of seats on the Board of Governors, and representation on CDA Councils and Committees would be beneficial in view of current requests and implications for the future. It is proposed that the Task Force conduct a thorough review of this issue, and that the following points be examined during the process:

- the ramifications of granting Board seats to other than Corporate Members;

- implications for the composition of Executive Council;
- financial implications of fees and grants received by the CDA (to which CDA programs do these funds contribute);
- membership stipulations of Councils and Committees;
- financial implications for the CDA (additional costs for the CDA).

Subject to Board approval for the Task Force, Dr. Ron Markey of Vancouver, B.C. has agreed to serve as Chairman. Dr. George Peacock, Chairman of the CDA Council on Constitution and By-Laws and Dr. Burton Conrod of Sydney, Nova Scotia, have also agreed to participate as members of the Task Force.

RESOLVED:

90.24 THAT the CDA establish a Task Force to examine membership stipulations with regard to the Board of Governors, Councils and Committees; and,

FURTHER, THAT the Task Force examine the financial contributions to the CDA by Corporate and Licensing Bodies as they relate to appropriate representation within the CDA's structure.

ADOPTED

6. Structure of the Management Committee

During 1988, a decision was made to restructure the CDA Management Committee. The new structure comprised a Vice-President, President-Elect, President and, up until the 1991 Interim Meeting, a Past-President. At the same time, the roles of the individual members of the Management Committee were reviewed and, with Board approval, the President-Elect was given the responsibility of chairing Management Committee.

The Management Committee believes that the President should chair both the Executive Council and the Management Committee. The President-Elect would maintain the responsibility of presenting the budget and financial statements to the Board. The following recommendation was made unanimously by the Management Committee.

RESOLVED:

90.25 THAT the CDA President be the Chairman of the Management Committee; and,

FURTHER, THAT the Council on Constitution and By-Laws be requested to prepare the appropriate revisions to the Constitution and By-Laws.

ADOPTED**ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION****7. CDA Expense Policy**

An increase in the meal allowance has been approved effective January 1, 1990. The total meal allowance has been raised by \$6.00 per day for a total of \$62.00 per day broken down as follows:

Breakfast	- \$12.00
Lunch	- \$15.00
Dinner	- \$35.00

The current policy concerning the requirement for original receipts for payment of meal expenses will continue.

The car mileage allowance has been increased from 25 cents a kilometre to 27 cents a kilometre, effective January 1, 1990.

An audit of CDA expense claims by the Chairman of Management Committee has determined that the breakdown of daily expenses is not always provided by those submitting expense claim forms. It is the responsibility of those submitting expense claims to the CDA to provide appropriate breakdown for meals, telephone expenses, accommodation and other daily expenses. These expenses should not be submitted in the form of a lump sum hotel bill. In future, expense claims not providing the appropriate breakdown will be returned for allocation of expenses before processing.

8. CDA Corporate Hotel

Effective January 1, 1990, the Westin - Ottawa will be the CDA Corporate Hotel. Rates at the Westin Hotel for the duration of 1990 will be \$95.00 per night single/double, seven days a week. Effective January 1, 1990, all individuals staying in Ottawa on CDA business should utilize the facilities of the Westin Hotel.

9. Financial Support for Accreditation

Order of Dentists of Quebec

On December 15, 1989, the Chairman of Management, Dr. Dubé, Mr. Neilson and Mr. Henderson met with members of the ODQ Executive to provide further information on the rationale behind the CDA's request for additional financial support from the ODQ in support for accreditation. At the present time, CDA awaits a further response from the ODQ.

During the discussions, the ODQ presented several requests which relate to appropriate representation of the ODQ within the CDA structure. These requests will be examined by the proposed Task Force.

National Dental Examining Board

On November 27, 1989, CDA President Dr. Roach addressed the NDEB Board and, during that address, provided additional background and information on the CDA's request to the NDEB for additional funding for accreditation.

A letter has been received from Dr. Kravis, Registrar of the NDEB, confirming an increase of ten thousand dollars in the NDEB grant, and requesting financial statements on the CDA accreditation process before further funds are considered.

Royal College of Dental Surgeons of Ontario

At the 1989 Annual Meeting, Management Committee informed the Board that the Council of the Royal College of Dental Surgeons of Ontario had approved an increase in the College's 1990 grant to CDA for accreditation from ten dollars to twenty dollars per member. The Council of the College gave further consideration to this decision in November, 1989, and has informed the CDA that, pending the outcome of discussions

with the ODQ, the RCDS would be withholding part of the approved grant of twenty dollars per member. The RCDS has indicated that it will remit 50% of the approved grant for 1990 at the end of March - an amount equivalent to ten dollars per member. The balance will be withheld pending further review at the RCDS Board Meeting to be held on April 26-27, 1990.

10. Affiliate Member Surcharge

During the 1989 membership campaign, affiliate members were surcharged \$10.00 over the active membership fee, based on the principle that Corporate Members pay a \$10.00 fee on behalf of active members. In view of the administrative difficulty that this policy created, the affiliate member surcharge was eliminated for the 1990 membership campaign.

11. CDA Renovations

The tendering process for renovations to the CDA building is underway. Construction will begin the second week of February with the target date for completion of July 21.

A consulting firm, Bernwood Construction, is being utilized to act as Project Manager during the renovations.

12. CDF - Library Funding

The CDA has received financial support from the Canadian Dental Foundation for 1989 in the amount of one hundred twenty-seven thousand eight hundred and fifty dollars (\$127,850). These funds were provided in response to a funding request from the CDA to recover the 1989 operating costs of the Sydney Wood Bradley Memorial Library.

13. CDA Convention

The registration fee for the 1990 CDA Convention has been set at \$145.00. For the first time ever, the CDA is offering to all its members across the country, the opportunity to pre-register for the 1990 Convention at no charge.

The Convention now operates with separate financial statements and accounting. Surplus from the 1988 and 1989 Convention are traditionally shown in the CDA Trust Equity Statement included in the audited financial statements. A portion of the surplus may be required to offset the free member registration policy for 1990.

14. Information Services

Management Committee has reviewed the budget and accounting procedures relative to Dental Health Month, Information Services and the Dental Awareness Program. Significant improvement has been achieved in this area over the past several months; staff continues to fine tune the process of allocating expenses against approved budgets in this most complex area.

At the October 1989 Planning Session, the Executive Council directed that the merchandising program for Dental Health Month net out at zero. The Dental Health Month pricing policy was reviewed, in line with this direction and the following adjustments made.

A 30% surcharge was added to materials sold directly to Corporate Members. If CDA obtains reduced prices due to bulk orders received from the provinces, these savings will be passed on to the provinces. A 70% surcharge has been added to the cost of production to arrive at the price of materials advertised through the CDA catalogue.

15. EDI - Marketing Plan

In consultation with the Chairman of the EDI Sub-Committee, Management Committee has reviewed the marketing plan for EDI and relative expenditures. Further information concerning the marketing plan is provided in the EDI Sub-Committee report.

CDA and ODA Management have met on several occasions to discuss the EDI program. A further update on the discussions with the ODA is contained in the EDI Sub-Committee report. In February, Drs. Allen and Dubé, along with other representatives of the Third Party Dental Plans Committee attended a meeting in Atlanta with representatives of NDC.

16. Policy Review

Management Committee reviewed and confirmed CDA policies with regard to:

- Protection of Tenure of Management Committee and Executive Council
- Guidelines for National Symposia and Conferences
- Terms of Reference for Funding Requests for International Dental Meetings.

APPENDIX IV

17. FDI Subscription Fee 1990

An invoice for the CDA's member association subscription to FDI for 1990 in the amount of 9,918 pounds has been received and approved by Executive on recommendation of Management Committee.

18. CDA Involvement in Regional FDI Section

The CDA has received information from the American Dental Association concerning the advantages of establishing a regional FDI section. The American Dental Association is spearheading this initiative and will be contacting the CDA concerning its involvement when appropriate.

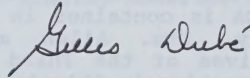
19. CFDE Memorial Donation

Management Committee has approved a memorial donation to CFDE on behalf of the late Dr. Jack Edgecombe of New Brunswick. Dr. Edgecombe is a former President of the Saint John Dental Society, President of the New Brunswick Dental Society and member of the CDA Board of Governors.

20. Cheque Registers

The Executive Director of the Association reviews monthly cheque registers, detailing disbursement of the CDA. The Chairman of Management conducts spot audits of cheques on a random basis from time to time. Cheque registers to December 31, 1989 have been approved by Management Committee.

Respectfully submitted,



Gilles Dubé, D.M.D., M.Sc. Adm.Santé
Chairman, Management Committee

FILING OF REPORT

The Board of Governors receives the report of the Management Committee with appreciation.

APPENDIX I

REPORT TO THE CDA MANAGEMENT COMMITTEE

Timing of Audited Financial Statements

It is recommended the approval of the audited annual financial statements for the CDA be postponed to the June management meeting for subsequent approval by the Board of Governors at the annual meeting, held normally in August.

There are a number of reasons for this recommendation, the majority of which relate to timing.

First of all, the timing of the management meeting held normally at the end of January does not allow sufficient time to produce audited financial statements. Management therefore sees only draft statements and hence does not approve actual audited statements before they go to the Board of Governors.

Postponing the approval date would also allow more time for invoices applicable to the year in question to be received and entered. This would eliminate many of the adjustments made to the draft statements seen by Management in January.

The delay would, as well give staff more time to wind up year-end accounting requirements. The inter-relationships and transfers between the Association and its various related trusts have created extra work.

Current budgeting allows for the Board of Governors to see a projected budget 6-18 months in advance of the year. The budget is subsequently reviewed at the fall planning session where adjustments are made to meet more current needs. This adjusted budget is then presented to the Board of Governors at the Interim meeting.

The Interim meeting thus becomes a time to discuss budgets and the Annual meeting becomes the meeting to approve the actual results. Preliminary results could of course, be included in budget documents for comparative purposes.

And technically speaking, the August meeting is in fact the "Annual" meeting of the Association and the customary time for the presentation of audited financial statements. The Interim meeting is held subject to need, although it has become a tradition at CDA.

In summary, the reasons above clearly suggest postponing the approval of the audited financial statements to the August Annual meeting of the CDA could have many positive effects.

CANADIAN DENTAL ASSOCIATION

PRELIMINARY 1991 BUDGET

(incorporating the 1990 adjusted budget)

AN INTRODUCTION TO THE 1991 CDA BUDGET

The following notes are intended to facilitate your review of the 1991 CDA budget.

GENERAL

The 1991 CDA budget is forecast based on developed activity plans, an analysis of the 1989 unaudited financial statements and the experience of staff members in managing the various programs. The budget includes projects identified by the Executive Council as priority issues by CDA.

The financial projections contained in this budget represent the best estimates possible at this time. Programs, however, continue to evolve and assumptions change. The budget will, therefore, likely be subjected to a further review by the Executive Council at the Fall planning session. Any changes recommended at that time will be presented to the Board of Governors at the 1991 interim meeting.

PRESENTATION

The 1991 budget was presented in the format used last year with expenses grouped by service centres. The groupings are: Executive Services, encompassing the Board of Governors, Executive Council, Management Committee and other project areas related to the executive operations of the organization; Professional Services, encompassing those programs that are directly related to the practice of dentistry; Member Services, encompassing those programs that are related more to dental practice management; and Administration.

The budget is presented in three sections, each with a different degree of detail.

Section 1 (page 1) is the projected income statement showing revenue and expenditure by service centre. It shows the "bottom line" as either a surplus or (deficit). For information, a column is included to show the percentage of each service centre as a portion of the whole.

Section 2 (pages 2-6) provides more detail showing revenue and expenses by project area. Again for information, a column is included in this section to show the revenue or expense item as a percentage of the total revenue or expenditures in that centre, as appropriate.

Section 3 (pages 7-17) provides schedules of more detailed information on revenues and expenditures. Here, the percentage change from the 1990 budget to the 1991 budget is shown for information.

Explanatory notes, highlighting areas where there have been significant changes, have been provided. These budget highlights refer to section 2 and deal with individual project areas.

The CDA has completed its transition to a functional accounting system and accordingly each project area includes expenses such as printing, shipping, postage, etc., applicable to that area which in previous years were grouped under the general operations area. Time did not permit recasting the 1990 budget in this fashion.

Readers should be aware, however, that project area expenses do not include any overhead charges such as staff costs, equipment or other support services. These expenses are grouped under the general administration area, and represent a significant cost of operating the various project areas.

THE 1990 "ADJUSTED" BUDGET

At their 1989 Fall planning session, the Executive Council reviewed the many program areas within CDA and attempted to assign them a priority in terms of member needs, Association image and professional trends. At this meeting, \$400,000 in new programs and program adjustments were proposed to the Executive Council.

The planning exercise established that some of the priorities set a year earlier had changed and it was therefore necessary to review the distribution and allocation of resources.

To meet new needs, the Executive Council approved a number of changes to the 1990 budget. Among the budget adjustments were cuts to the following areas: Ethics, Membership, Dialogue in Dentistry, Third Party Plans, PRUC, Information Services, Publications, President's and CEO's, Government Relations, Education and Accreditation and general operations.

For convenience, the changes have been incorporated into this budget. As you can see, a surplus of close to \$9,000.00 is forecasted for 1990.

1989 ACTUALS

Included in the presentation, for comparative purposes are the 1989 "actuals", an unaudited statement of CDA's 1989 revenue and expenditure. At the time of presentation, audited results were not available.

It must be emphasized that these figures are preliminary and do not include many expenses incurred in the month of December. Accordingly, they should be used with discretion.

THE GST

The government's proposed Goods and Services Tax (GST) will have a significant impact on CDA. Fully one third of CDA's purchase heretofore untaxed, will be taxed.

Staff is currently analysing just how and where the tax will affect CDA, but it must be clearly noted that this preliminary 1991 budget does not include the impact of the GST. Staff estimate the GST will cost CDA as much as \$125,000.

(INC1991)

CANADIAN DENTAL ASSOCIATION

PROJECTED INCOME STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 1991

	1991 Preliminary Budget	1990 Adjusted Budget	1989 Actual (unaudited)	1989 Budget	1990 Budget Item as % of total
REVENUE					
FEES	\$3,613,246	\$3,308,819	\$3,047,925	\$3,040,454	70%
OTHER	1,513,075	1,400,065	1,495,240	1,122,891	30%
TOTAL REVENUE	\$5,126,321	\$4,708,884	\$4,543,165	\$4,163,345	100%
EXPENSE					
EXECUTIVE SERVICES	\$625,487	\$545,781	\$511,393	\$562,083	12%
PROFESSIONAL SERVICES	447,189	349,200	335,775	412,893	7%
MEMBER SERVICES	1,579,286	1,334,159	1,376,189	1,242,478	28%
ADMINISTRATION	2,618,600	2,470,780	2,073,418	2,070,526	53%
TOTAL EXPENSE	\$5,270,562	\$4,699,920	\$4,296,775	\$4,287,980	100%
NET SURPLUS / (DEFICIT)	(\$144,241)	\$8,964	\$246,390	(\$124,635)	

REVENUE

Fees

Fees and Grants

Revenue from fees has been projected using the actual number of members in 1989, based on payments received as at the date the budget was prepared, and factoring in the proposed 1991 membership fee rates. The fees for 1991 have been set at \$365.00 for active and affiliate members, \$182.50 for supporting members, \$91.25 for retired members and \$17.00 for students.

Corporate member fees and licensing body grants are projected at \$10.00 per provincial member and \$20.00 per licensed dentist, respectively.

Revenue from FDI fees represent the difference between what CDA collects from Canadian dentists joining FDI and what is remitted to FDI on their behalf. It is CDA's policy to add a modest surcharge to the FDI fees to cover the cost of promoting FDI in Canada and foreign exchange.

Other

Accreditation

Accreditation revenue is expected to be comparable to that budgeted in 1990. The decline in the 1990 and 1991 budgeted survey revenue from 1989 actual receipts reflects the decision to move to an annual billing system. The implementation of the annual billing in 1989 resulted in a "blip" in revenue as schools were brought into the system from the cyclical system employed in the past.

Consumer product recognition

Efforts will continue to increase revenue derived by the "Seal of Recognition" program.

DAT

Inflationary increases will be added to the Dental Aptitude Test (DAT) program fees and prices.

DAP/DHM

The Information Services program has been scrutinized carefully to ensure it operates, to the degree possible, on a self funding or break-even basis.

Revenue figures for Dental Health Month (DHM) material and pamphlets have been

combined to reflect the year round merchandise program now in place. Continued modest growth and inflationary price increase are reflected in the budget.

Library

The policy of charging for clerical services provided by the library will continue in 1991, resulting in modest revenue.

In 1989, CDA received a grant from the Canadian Dental Foundation in the amount of \$127,850.00 toward the operating costs of the CDA Library. An additional \$40,000.00 was granted by CDF to the CDA Library for capital purchases including a photocopier and two computers. Similar funding has been reflected in both the 1990 and 1991 budgets; however, this is subject to the approval of the CDF Board of Trustees.

Dental Material Recognition

This is a relatively new program for CDA and hence the 1991 budget is conservatively based on 1990 projections.

Conference and Seminars

The CDA plans to continue to run various seminars and conferences in 1991, the largest being the CDA Annual Convention. It should be noted the convention is operated as a separate account within CDA; the funds shown in the CDA budget reflect an administrative charge levied by CDA, on the convention account to cover overhead expenses.

Journal

Journal advertising revenue is expected to continue on an upward trend; 1991 sales are forecast to be some \$50,000.00 higher than in 1990. In light of recent sales figures, the 1990 and 1991 budgets are considered to be somewhat conservative.

Property

Income from property rentals reflect the increased use of floor space by CDA; CDA will, with the renovations complete, occupy approximately three quarters of the building, 50% more that it does currently.

Increased rental rates, higher escalation (operating cost) charges and higher parking rates will be used to help defray the lost rental income.

Interest

Interest income is expected to remain relatively constant to the 1990 forecast and down

significantly from the 1989 actual figures. The CDA will use its cash reserves to cover the cost of the renovations.

Other

Royalties from the Affinity Credit Card program are expected to plateau in 1991. Miscellaneous income, which comes from a variety of sources such as sales tax credits, reflect past experience.

(othinc91)

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - REVENUE

	1991 Preliminary Budget	1990 Adjusted Budget	1989 Actual (unaudited)	1989 Budget	1991 Budget Item as % of total
FEES					
Active Fees	\$2,961,245	\$2,693,680	\$2,556,015	\$2,562,840	57.8%
Affiliate Fees	221,189	193,380	192,910	183,330	4.3%
Supporting Fees	11,863	10,555	10,350	9,609	0.2%
Retired Fees	9,952	9,047	7,663	0	0.2%
Student Fees	27,897	27,897	33,853	45,885	0.5%
Corporate Fees	108,880	105,480	108,880	102,930	2.1%
Licensing Body Grants	267,220	264,780	133,610	132,360	5.2%
FDI Fees	5,000	4,000	4,644	3,500	0.1%
Total	\$3,613,246	\$3,308,819	\$3,047,925	\$3,040,454	70.5%
OTHER					
Accreditation Surveys	\$72,700	\$74,700	\$84,750	\$63,000	1.4%
Consumer Product Recognition	35,000	35,000	23,500	28,000	0.7%
D A T	145,000	120,000	133,420	140,000	2.8%
Dental Material Recognition	10,000	10,000	0	0	0.2%
Information Services	215,000	207,500	197,455	175,000	4.2%
Library Services	153,100	142,500	137,727	7,800	3.0%
Conferences & Seminars	61,400	61,400	5,781	23,400	1.2%
Journal	587,000	536,000	522,806	432,000	11.5%
Property	145,875	135,965	166,163	188,191	2.8%
Interest	36,000	36,000	135,018	65,000	0.7%
Other	52,000	41,000	66,602	500	1.0%
Total	\$1,513,075	\$1,400,065	\$1,495,240	\$1,122,691	29.5%

EXPENDITURE

Executive Services

Board, Executive and Management

In most areas, the 1991 budget reflects only inflationary type increases. Little change is expected in these areas.

President's Expenses

The President's expenses have been based on averages over the past few years.

Constitution and By-Laws

No change.

FDI

FDI expenses in 1990 and 1991 reflect the location of the FDI Congress which will be in Singapore and Milan, respectively.

Intercompany Relations

No significant change.

New Projects

These are funds for potential new projects.

(F0xec\$1)

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - EXPENSE

	1991 Preliminary Budget	1990 Adjusted Budget	1989 Actual (unaudited)	1989 Budget	1991 Budget Item as a % of Total
EXECUTIVE SERVICES					
Board of Governors	\$155,270	\$139,720	\$141,731	\$129,605	24.8%
Executive Council	\$123,089	\$103,589	\$107,163	\$114,605	19.7%
Management Committee	\$169,105	\$158,996	\$138,898	\$134,014	27.0%
President's Expenses	\$71,720	\$69,920	\$57,822	\$78,510	11.5%
Constitution & By-Laws	\$1,864	\$1,350	\$20	\$1,337	0.3%
F.D.I. - Congress	\$52,921	\$52,698	\$32,878	\$52,100	8.5%
Intercompany Relations	\$10,900	\$5,000	\$7,350	\$10,000	1.7%
Nominations	\$13,818	\$11,508	\$14,732	\$4,000	2.2%
Presidents & CEOs	\$0	\$0	\$8,264	\$10,912	0.0%
Roles & Responsibilities	\$1,000	\$1,000	\$0	\$1,000	0.2%
Spokesperson	\$2,500	\$2,000	\$430	\$5,000	0.4%
New Projects	\$23,300	\$0	\$2,105	\$21,000	3.7%
Total	\$625,487	\$545,781	\$511,393	\$562,083	100.0%

PROFESSIONAL SERVICES

Accreditation

As was the case in the 1990 budget, the Accreditation and Education budgets have been separated to reflect council structures. In both areas, expenses are expected to remain relatively constant.

Consumer Product Recognition

Much of the activity of this committee is dependant upon the number of applications received for the CDA Seal of Recognition.

Dental Aptitude Test Program

Expenses are based on a projected number of applicants taking the test. Projections are that the number will be up from 1989 but similar in 1991 to 1990.

Dental Materials and Devices

Programming will be similar to 1990.

Dental Specialties

No significant changes.

Education

See above - Accreditation.

Ethics

The Committee on Ethics is expected to maintain a similar level of activity through 1991.

Health Care

The 1991 budget reflects the merging of the Health Care and Hospital Services into the Community and Institutional Dentistry committee.

Hospital Services

See above - Health Care.

Community and Institutional Dentistry

Programming dollars have been added to meet the broadening scope of the new committee.

PRUC

Funding is slightly higher in 1991 then in 1990.

Salaried Dentists

No planned activity.

New Projects

These are funds for potential new projects.

**CANADIAN DENTAL ASSOCIATION
1991 BUDGET - EXPENSE**

(fprof91)

	1991 Preliminary Budget	1990 Adjusted Budget	1989 Actual (unaudited)	1989 Budget	1991 Budget Item as % of Total
PROFESSIONAL SERVICES					
Accreditation	\$111,581	\$111,725	\$147,214	\$136,647	25.0%
Consumer Product Recognition	21,525	21,525	12,487	23,367	4.8%
DAT	143,750	120,250	112,061	136,448	32.1%
Dental Mat. & Devices	19,766	18,825	14,518	16,349	4.4%
Dental Specialties	12,084	8,260	8,408	8,194	2.7%
Education	35,868	34,180	10,893	21,539	8.0%
Ethics	11,088	14,480	14,975	8,000	2.5%
Health Care	0	0	1,451	9,222	0.0%
Hosp. Services	0	0	4,494	9,373	0.0%
Commun. & Institution	21,657	13,750	136	0	4.8%
PRUC	19,370	5,225	9,137	42,754	4.3%
Salaried Dentists	500	1,000	0	1,000	0.1%
New Projects	50,000	0	0	0	11.2%
Total	\$447,189	\$349,200	\$335,775	\$412,893	100.0%

MEMBER SERVICES

Government Relations

The Government Relation's budget includes funds for the annual Government Relations dinner. The Ad Hoc committee on Medical Services Branch forms a part of the Government Relation's budget.

Information Services

This area incorporates the National Dental Health Month expenses, the expenses for the Dental Awareness Program, the expenses for the production of pamphlets and other merchandise and, as well, media relations activities. In general, the budgets for these areas are based on activity plans and past experience. For information on our Dental Awareness Program, readers are asked to refer to the Information Services report.

In the past, cuts have been made to this area after programming has already been set by the Committee. This year, CDA is attempting to carry the budget requested by the Committee through to the planning session when our available resources will be clearly defined.

Membership

The CDA plans to continue to actively communicate the value of membership across the country, with an emphasis in the voluntary provinces.

Publications

This area incorporates the Journal as well as the Communique, the Annual Report, the directory and other miscellaneous publications. As well, the variable expenses associated with the library are summarized in this section.

Communication continues to be a top priority for CDA: over two hundred thousand dollars will be added to this area over a three year period. Funds for the implementation of the communication strategy have been temporarily housed in the member services payroll budget, as a bulk of the money will be spent on human resources. As required, funds will be transferred to the programming budget.

Expenses for the Journal are expected to remain relatively constant, although changes to enhance the journal will continue to be made.

Student Affairs

Programming in this area is unchanged.

Taxation

Funds are budgeted to maintain a basic level of activity. Funding to react to legislative initiatives may be required.

Third Party

It is expected the development phase of the EDI project will be completed by 1991 and accordingly, no funds have been allocated. It is possible, however, that funding to effectively market the program may well be required. This issue will be addressed at the Executive Planning Session.

With regard to DID, funding has been allocated, but the 3rd Party Committee has been asked to consider how to best utilize the given resources. Their plan will be considered at the planning session.

New Projects

These are funds for potential new projects.

**CANADIAN DENTAL ASSOCIATION
1991 BUDGET - EXPENSE**

(feamb81)

	1991 Preliminary Budget	1990 Adjusted Budget	1989 Actual (unaudited)	1989 Budget	1991 Budget Item as % of Total
MEMBER SERVICES					
Government Relations	\$20,501	\$8,000	\$9,447	\$30,621	1.3%
Info. Services	433,968	325,142	222,968	279,542	27.5%
Insurance & Investment	2,000	2,000	12,061	0	0.1%
Membership	98,080	98,000	84,013	113,000	6.2%
Publications	857,510	758,377	777,674	844,116	54.3%
Student Affairs	80,515	48,755	44,780	52,158	3.8%
Taxation Committee	11,012	16,900	1,320	19,798	0.7%
Third Party Plans	61,700	78,985	223,947	103,245	3.9%
New Projects	34,000	0	0	0	2.2%
Total	\$1,579,286	\$1,334,159	\$1,376,189	\$1,242,478	100.0%

ADMINISTRATION

Staff (All Departments)

In addition to payroll expense, this line incorporates related expenses such as staff benefits, training, placement fees and staff travel. An attempt has been made to keep any increases to an inflationary level.

As noted earlier, the Member Services staff budget for 1991 includes \$100,000.00 for the implementation of the communication strategy.

Operations

Expenses are expected to climb modestly, comparable to inflation in most areas. Of note, the telephone expense budget has increased more substantially to reflect past experience. As well, the furnishings and equipment budget is expected to rise as CDA meets the needs of new employees and replaces older furniture as part of the renovations process. As noted earlier it is important to note that the 1989 actual and 1991 budget numbers reflect the break-out of most of the variable expenses, such as postage, to various project areas such a break-out was not possible for 1990.

Property

The property expenses will remain relatively constant when compared to 1990. The higher depreciation expense reflects the value added to the building. Mortgage interest reflects the line of credit established to cover CDA's cash flow needs after the renovations.

(Admin91)

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - EXPENSE

	1991 Preliminary Budget	1990 Adjusted Budget	1989 Actual (unaudited)	1989 Budget	1991 Budget Item as % of Total
ADMINISTRATION					
Executive Staff	\$337,750	\$322,827	\$300,082	\$262,638	12.8%
Prof. Services Staff	348,500	333,360	263,118	272,831	13.3%
Member Services Staff	696,700	569,612	433,744	446,121	26.6%
Admin. Staff	447,400	429,480	358,889	345,236	17.1%
Operations	460,050	484,000	343,378	477,900	17.6%
Property	326,200	321,500	376,201	265,700	12.5%
Total	\$2,616,600	\$2,470,780	\$2,073,418	\$2,070,526	100.0%

REV8GT91

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - REVENUE

	1991 Preliminary Budget	1990 Adjusted Budget	1989 Actual (unaudited)	1989 Budget	1991/ 1990
FEEs					
Active Fees - Newfoundland	\$50,005	\$45,210	\$43,155	\$41,265	110.6%
Active Fees - P.E.I.	17,520	15,180	15,120	13,860	115.4%
Active Fees - Nova Scotia	141,255	128,370	121,905	113,085	110.0%
Active Fees - N.B.	74,095	66,990	63,945	63,000	110.6%
Active Fees - Quebec	315,725	318,120	272,496	278,775	99.2%
Active Fees - Ontario	939,145	846,134	810,716	859,950	110.7%
Active Fees - Manitoba	171,185	152,790	147,735	147,105	112.0%
Active Fees - Saskatchewan	131,035	118,800	113,085	104,580	110.3%
Active Fees - Alberta	463,550	415,200	400,108	386,190	111.6%
Active Fees - B.C.	657,730	584,886	567,750	555,030	112.5%
Affiliate Fees - Newfoundland	0	0	0	0	
Affiliate Fees - P.E.I.	0	0	0	0	
Affiliate Fees - Nova Scotia	0	0	325	315	
Affiliate Fees - N.B.	0	0	0	0	
Affiliate Fees - Quebec	196,005	171,930	169,325	168,840	114.0%
Affiliate Fees - Ontario	16,425	14,520	14,280	1,260	113.1%
Affiliate Fees - Manitoba	0	0	335	0	
Affiliate Fees - Saskatchewan	0	0	0	0	
Affiliate Fees - Alberta	0	0	955	630	
Affiliate Fees - B.C.	0	0	0	1,260	
Affiliate Fees - Other	8,760	6,930	7,690	11,025	126.4%
Supporting Fees - Newfoundland	163	165	158	0	110.6%
Supporting Fees - P.E.I.	0	0	0	0	
Supporting Fees - Nova Scotia	163	165	158	473	110.6%
Supporting Fees - N.B.	0	0	0	1,890	
Supporting Fees - Quebec	1,480	1,150	1,264	788	127.0%
Supporting Fees - Ontario	5,475	4,950	4,820	473	110.6%
Supporting Fees - Manitoba	163	165	158	0	110.6%
Supporting Fees - Saskatchewan	0	0	0	0	
Supporting Fees - Alberta	0	0	0	630	
Supporting Fees - B.C.	163	165	158	1,260	110.6%
Supporting Fees - Other	4,196	3,795	3,634	4,095	110.6%
Retired Fees - Newfoundland	91	83	0	0	110.0%
Retired Fees - P.E.I.	91	83	0	0	110.0%
Retired Fees - Nova Scotia	91	83	0	0	110.0%
Retired Fees - N.B.	91	83	0	0	110.0%
Retired Fees - Quebec	2,283	2,075	0	0	110.0%
Retired Fees - Ontario	3,196	2,905	0	0	110.0%
Retired Fees - Manitoba	457	415	0	0	110.0%
Retired Fees - Saskatchewan	274	249	0	0	110.0%
Retired Fees - Alberta	639	581	0	0	110.0%
Retired Fees - B.C.	1,826	1,680	0	0	110.0%
Retired Fees - Other	913	830	7,663	0	110.0%

REVBGT91

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - REVENUE

	1991 Preliminary Budget	1990 Adjusted Budget	1989 Actual (unaudited)	1989 Budget	1991/ 1990
Student Fees - Newfoundland	0	0	19	0	
Student Fees - P.E.I.	0	0	0	19	
Student Fees - Nova Scotia	2,125	2,125	2,375	2,831	100.0%
Student Fees - N.B.	34	34	0	0	100.0%
Student Fees - Quebec	9,877	9,877	13,890	13,224	100.0%
Student Fees - Ontario	7,531	7,531	10,806	16,910	100.0%
Student Fees - Manitoba	1,428	1,428	1,865	2,318	100.0%
Student Fees - Saskatchewan	1,380	1,380	1,632	3,498	100.0%
Student Fees - Alberta	2,975	2,975	36	3,743	100.0%
Student Fees - B.C.	2,567	2,567	2,812	2,869	100.0%
Student Fees - Other	0	0	418	475	
Corporate Fees - Newfoundland	1,370	1,370	1,370	1,380	100.0%
Corporate Fees - P.E.I.	510	490	510	470	104.1%
Corporate Fees - Nova Scotia	3,890	3,890	3,890	3,640	100.0%
Corporate Fees - N.B.	2,490	2,490	2,490	2,470	100.0%
Corporate Fees - Quebec	13,390	13,750	13,390	12,640	97.4%
Corporate Fees - Ontario	44,880	42,650	44,880	42,330	105.2%
Corporate Fees - Manitoba	4,865	4,670	4,865	4,860	104.2%
Corporate Fees - Saskatchewan	3,905	3,860	3,905	3,630	101.2%
Corporate Fees - Alberta	13,390	12,720	13,390	12,710	105.3%
Corporate Fees - B.C.	20,190	19,590	20,190	18,780	103.1%
Licensing Body Grant - Newfoundland	2,740	2,740	1,370	1,410	100.0%
Licensing Body Grant - P.E.I.	1,020	980	510	470	104.1%
Licensing Body Grant - Nova Scotia	7,780	7,780	3,890	3,630	100.0%
Licensing Body Grant - N.B.	4,380	4,980	2,180	2,470	87.6%
Licensing Body Grant - Quebec	56,840	56,840	28,420	29,470	100.0%
Licensing Body Grant - Ontario	109,780	109,780	54,890	54,930	100.0%
Licensing Body Grant - Manitoba	9,730	9,340	4,865	4,860	104.2%
Licensing Body Grant - Saskatchewan	7,810	7,720	3,905	3,630	101.2%
Licensing Body Grant - Alberta	26,780	25,440	13,390	12,710	105.3%
Licensing Body Grant - B.C.	40,380	39,180	20,190	18,780	103.1%
FDI Fees (Receipts less payments)	5,000	4,000	4,644	3,500	125.0%
Total	\$3,613,246	\$3,308,619	\$3,047,925	\$3,040,454	109.2%

REVBT91

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - REVENUE

	1991 Preliminary Budget	1990 Adjusted Budget	1989 Actual (unaudited)	1988 Budget	1991/ 1990
OTHER					
Accreditation - Colleges	\$19,100	\$19,100	\$40,700	\$27,500	100.0%
Accreditation - Universities	15,600	15,600	20,100	13,500	100.0%
Accreditation - Hospitals	2,000	4,000	5,950	4,000	50.0%
Accreditation - NDEB Grant	36,000	36,000	18,000	18,000	100.0%
Consumer Product Recognition - Fees	35,000	35,000	23,500	28,000	100.0%
D A T - Application Fees	125,000	110,000	115,448	120,000	113.6%
D A T - Material Sales	20,000	10,000	17,972	20,000	200.0%
Dental Material Recognition - Fees	10,000	10,000	0	0	100.0%
Info. Services - Merchandise Sales	215,000	207,500	197,455	175,000	103.6%
Library Services - CDF Grant	143,100	135,000	127,850	0	106.0%
Library Services - Charges	10,000	7,500	9,877	7,800	133.3%
Conf. & Sem. - Teach. - CFDE Grant	12,500	12,500	10,500	10,000	100.0%
Conf. & Sem. - Stud. - CFDE Grant	12,000	12,000	9,000	7,500	100.0%
Conf. & Sem. - Annual Conv. (net)	35,000	35,000	0	10,000	100.0%
Conf. & Sem. - Taxation (net)	1,900	1,900	-6,334	900	100.0%
Conf. & Sem. - Third Party (net)	0	0	-7,365	-5,000	
Journal - Commercial Advertising	525,000	476,000	475,641	385,000	110.3%
Journal - Classified Advertising	30,000	40,000	19,634	26,000	75.0%
Journal - Subscriptions Sales	30,000	18,000	27,340	18,000	166.7%
Journal - Reprints Sales	2,000	2,000	192	3,000	100.0%
Property - Rental - O.D.S.	2,775	1,750	1,200	1,200	158.6%
Property - Rental - Wayne Thomas	2,850	3,430	2,940	2,940	83.1%
Property - Rental - F.M.W.	2,850	3,325	2,856	2,856	85.7%
Property - Rental - ACFD	5,700	5,180	4,440	4,440	110.0%
Property - Rental - CFDE	4,500	7,500	4,200	10,000	80.0%
Property - Rental - New tenant	75,000	0	0	0	
Property - Rental - SEVEC	0	67,560	60,120	60,120	0.0%
Property - Rental - C.C.H.A.	0	0	80,415	87,725	
Property - Rental - Clendenning	0	0	2,040	3,150	
Property - Rental - Parking	10,200	9,720	5,850	5,760	104.8%
Property - Rental - Escalations	42,000	37,500	22,122	10,000	112.0%
Interest - Term Deposits	0	0	78,855	40,000	
Interest - Current Account	36,000	36,000	56,363	25,000	100.0%
Other - Royalties	25,000	25,000	0	0	100.0%
Other - Foreign Exchange	1,000	1,000	958	0	100.0%
Other - Miscellaneous	26,000	15,000	67,645	500	173.3%
Total	\$1,513,075	\$1,400,065	\$1,495,240	\$1,122,891	108.1%

CANADIAN DENTAL ASSOCIATION

(Exec91)

1991 BUDGET - EXPENSE

	1991 Preliminary Budget	1990 Adjusted Budget	1989 Actual (unaudited)	1989 Budget	1991/ 1990
EXECUTIVE SERVICES					
Board of Governors/Travel	\$39,000	\$33,250	\$34,462	\$36,506	117.3%
Board Of Governors/Accommodation	33,580	33,750	33,185	36,506	99.5%
Board of Governors/PD	40,470	40,100	30,640	37,948	100.9%
Board Of Governors/Other	42,220	32,620	43,445	18,645	129.4%
Executive Council/Travel	18,500	18,500	13,652	17,394	105.4%
Executive Council/Accommodation	18,950	17,875	20,884	17,393	106.0%
Executive Council/PD	47,888	51,514	33,895	49,818	93.0%
Executive Council/Other	7,500	0	22,113	16,500	
Executive Council Expense/Travel	5,000	5,000	452	2,700	100.0%
Executive Council Expense/Accommodation	5,400	5,400	3,433	2,700	100.0%
Executive Council Expense/PD	9,350	5,300	6,137	5,100	176.4%
Executive Council Expense/Other	9,500	0	6,598	3,000	
Management Committee/Travel	1,500	1,500	2,095	2,175	100.0%
Management Committee/Accommodation	3,360	3,300	4,072	2,175	101.8%
Management Committee/PD	11,670	9,096	13,396	13,104	128.3%
Management Committee/Other	3,500	0	4,381	0	
Management Committee/Honoraria	87,735	84,380	81,120	82,000	104.0%
Management Committee Expense/Travel	9,000	9,000	5,443	10,000	100.0%
Management Committee Expense/Accommodati	6,000	6,000	3,968	10,000	100.0%
Management Committee Expense/PD	23,340	22,740	19,549	14,580	102.6%
Management Committee Expense/Other	23,000	23,000	4,874	0	100.0%
President's Expenses/Travel	15,000	15,000	11,969	14,625	100.0%
President's Expenses/Accommodation	9,000	9,000	6,358	14,625	100.0%
President's Expenses/PD	31,120	30,320	26,246	32,780	102.6%
President's Expenses/Other	1,000	0	2,231	1,500	
President's Expenses/Installation	15,600	15,600	11,018	15,000	100.0%
Constitution & By-Laws/Travel	0	0	0	500	
Constitution & By-Laws/Accommodation	0	1,000	0	500	0.0%
Constitution & By-Laws/PD	384	350	0	337	104.0%
Constitution & By-Laws/Other	1,500	0	20	0	
F.D.I. - Congress/Travel	14,921	17,698	3,341	12,500	84.3%
F.D.I. - Congress/Accommodation	7,000	7,000	6,072	12,500	100.0%
F.D.I. - Congress/Other	2,500	0	1,057	0	
F.D.I. - Corporate Fee	25,000	25,000	21,624	24,000	100.0%
F.D.I. - Administration	3,500	3,000	784	3,100	116.7%
Intercompany Relations/Travel	5,200	2,500	2,414	5,000	208.0%
Intercompany Relations/Accommodation	5,200	2,500	3,058	5,000	208.0%
Intercompany Relations/Other	500	0	1,878	0	

2/16/90

(Exec91)

CANADIAN DENTAL ASSOCIATION

1991 BUDGET - EXPENSE

	1991 Preliminary Budget	1990 Adjusted Budget	1989 Actual (unaudited)	1989 Budget	1991/ 1990
Nominations/Travel	2,000	1,650	6,033	0	121.2%
Nominations/Accommodation	1,840	900	1,316	0	204.4%
Nominations/PD	778	758	728	0	102.6%
Nominations/Other	1,000	0	6,656	0	
Nominations/Awards	8,200	8,200	0	4,000	100.0%
Presidents & CEOs/Travel	0	0	4,506	4,000	
Presidents & CEOs/Accommodation	0	0	2,485	4,000	
Presidents & CEOs/PD	0	0	0	2,912	
Presidents & CEOs/Other	0	0	1,293	0	
Roles & Responsibilities/Travel	0	0	0	500	
Roles & Responsibilities/Accommodation	0	1,000	0	500	0.0%
Roles & Responsibilities/PD	0	0	0	0	
Roles & Responsibilities/Other	1,000	0	0	0	
Spokesperson/Travel	1,500	1,500	133	2,500	100.0%
Spokesperson/Accommodation	500	500	297	2,500	100.0%
Spokesperson/PD	0	0	0	0	
Spokesperson/Other	500	0	0	0	
New Projects/Travel	5,400	0	0	7,000	
New Projects/Accommodation	2,800	0	0	10,000	
New Projects/PD	4,800	0	0	4,000	
New Projects/Other	10,300	0	2,105	0	
Total	\$625,487	\$545,781	\$511,393	\$562,083	114.6%

CANADIAN DENTAL ASSOCIATION

(prof91)

1991 BUDGET - EXPENSE

	1991 Preliminary Budget	1990 Adjusted Budget	1989 Actual (unaudited)	1988 Budget	1991/ 1990
PROFESSIONAL SERVICES					
Accreditation/Travel	\$21,525	\$20,500	\$24,276	\$22,925	105.0%
Accreditation/Accommodation	17,325	16,500	13,480	22,925	105.0%
Accreditation/PD	735	700	7,457	14,597	105.0%
Accreditation/Other	0	0	17,884	0	
Accreditation/Projects	0	0	13,925	0	
Accreditation/University Surveys	32,566	34,825	39,574	39,475	93.5%
Accreditation/College Surveys	31,930	26,600	25,658	22,975	120.0%
Accreditation/Hospital Surveys	7,500	12,600	4,959	13,750	59.5%
Consumer Product Recognition/Travel	10,500	10,500	6,094	10,000	100.0%
Consumer Product Recognition/Accommodation	7,200	7,200	1,821	10,000	100.0%
Consumer Product Recognition/PD	3,825	3,825	2,793	2,867	100.0%
Consumer Product Recognition/Other	0	0	1,779	0	
Consumer Product Recognition/Program	0	0	0	500	
DAT/Travel	13,650	13,000	7,572	9,500	105.0%
DAT/Accommodation	6,300	6,000	4,696	9,500	105.0%
DAT/PD	1,500	1,400	676	1,348	107.1%
DAT/Other	5,000	0	374	0	
DAT/Test Program	117,300	99,850	96,743	116,100	117.5%
Dental Mat. & Devices/Travel	9,450	9,000	8,804	2,838	105.0%
Dental Mat. & Devices/Accommodation	6,300	6,000	1,844	2,837	105.0%
Dental Mat. & Devices/PD	4,016	3,825	1,779	874	105.0%
Dental Mat. & Devices/Other	0	0	2,091	0	
Dental Mat. & Devices/Program	0	0	0	10,000	
Dental Specialties/Travel	5,500	4,500	4,898	3,250	122.2%
Dental Specialties/Accommodation	2,800	2,000	1,542	3,250	140.0%
Dental Specialties/PD	3,284	1,760	1,696	1,694	186.6%
Dental Specialties/Other	500	0	271	0	
Education/Travel	8,925	8,500	0	3,950	105.0%
Education/Accommodation	8,870	8,400	0	3,950	105.0%
Education/PD	1,848	1,760	0	2,139	105.0%
Education/Other	0	0	0	0	
Education/Teaching Conference	15,225	14,500	10,893	11,500	105.0%
Ethics/Travel	3,000	5,500	6,158	4,000	54.5%
Ethics/Accommodation	2,760	3,700	3,667	4,000	74.6%
Ethics/PD	1,828	5,280	3,692	0	34.6%
Ethics/Other	3,500	0	1,459	0	
Health Care/Travel	0	0	153	3,400	
Health Care/Accommodation	0	0	88	3,400	
Health Care/PD	0	0	189	2,422	
Health Care/Other	0	0	1,062	0	

(prof91)						CANADIAN DENTAL ASSOCIATION				
						1991 BUDGET - EXPENSE				
						1991	1990	1989	1989	1991/
						Preliminary	Adjusted	Actual	Budget	1990
						Budget	Budget	(unaudited)		
Hosp. Services/Travel						0	0	2,890	3,500	
Hosp. Services/Accommodation						0	0	879	3,500	
Hosp. Services/PD						0	0	338	2,373	
Hosp. Services/Other						0	0	388	0	
Commun. & Institution/Travel						12,800	8,000	0	0	157.5%
Commun. & Institution/Accommodation						5,040	3,200	0	0	157.5%
Commun. & Institution/PD						4,017	2,550	0	0	157.5%
Commun. & Institution/Other						0	0	136	0	
PRUC/Travel						8,400	2,500	3,837	2,950	336.0%
PRUC/Accommodation						4,830	1,350	2,706	2,950	357.8%
PRUC/PD						3,640	1,375	1,630	1,854	264.7%
PRUC/Other						2,500	0	865	35,000	
Salaried Dentists/Travel						0	0	0	500	
Salaried Dentists/Accommodation						0	1,000	0	500	0.0%
Salaried Dentists/PD						0	0	0	0	
Salaried Dentists/Other						500	0	0	0	
New Projects/Travel						5,000	0	0	0	
New Projects/Accommodation						5,000	0	0	0	
New Projects/PD						5,000	0	0	0	
New Projects/Other						35,000	0	0	0	
Total						\$447,169	\$349,200	\$335,775	\$412,893	128.1%

CANADIAN DENTAL ASSOCIATION

(memb91)

1991 BUDGET - EXPENSE

	1991 Preliminary Budget	1990 Adjusted Budget	1989 Actual (unaudited)	1989 Budget	1991/ 1990
MEMBER SERVICES					
Government Relations/Travel	\$1,800	\$4,000	\$1,121	\$3,850	45.0%
Government Relations/Accommodation	2,300	2,000	189	3,850	115.0%
Government Relations/PD	4,368	2,000	189	6,068	218.4%
Government Relations/Other	3,025	0	6,300	8,738	
Ad Hoc Com. on MSB/Travel	4,800	0	903	3,300	
Ad Hoc Com. on MSB/Accommodation	2,070	0	224	3,300	
Ad Hoc Com. on MSB/PD	1,838	0	338	1,517	
Ad Hoc Com. on MSB/Other	500	0	203	0	
Info. Services/Travel	7,200	3,000	3,768	4,000	240.0%
Info. Services/Accommodation	6,240	5,000	1,093	4,000	124.8%
Info. Services/PD	3,028	2,542	1,710	2,542	119.1%
Info. Services/Other	1,500	0	1,355	0	
Info. Services/DHM	30,000	25,000	28,082	25,000	120.0%
Info. Services/DAP	180,000	105,000	91,340	139,000	152.4%
Info. Services/DAPS	-30,000	-30,000	-98,657	-40,000	100.0%
Info. Services/Merchandise	198,000	208,000	174,188	145,000	95.1%
Info. Services/Services	60,000	8,600	20,088	0	697.7%
Insurance & Investment/Travel	0	0	1,429	0	
Insurance & Investment/Accommodation	0	0	354	0	
Insurance & Investment/PD	0	0	1,456	0	
Insurance & Investment/Other	2,000	2,000	8,821	0	100.0%
Membership/Travel	4,000	2,500	2,823	2,040	180.0%
Membership/Accommodation	4,000	2,500	1,322	2,040	180.0%
Membership/PD	3,480	4,000	638	2,040	87.0%
Membership/Other	5,000	10,000	3,420	0	50.0%
Membership/Promotion	81,600	77,000	75,712	106,880	106.0%
Publications/Travel	6,600	6,000	1,203	3,750	110.0%
Publications/Accommodation	2,750	2,500	223	3,750	110.0%
Publications/PD	3,845	3,682	338	3,308	107.1%
Publications/Other	800	0	4,817	0	
Publications/Newsletter	100,000	100,000	118,110	90,000	100.0%
Publications/Annual Report & Dir.	45,000	30,000	0	0	150.0%
Publications/Library	46,185	22,915	29,874	19,710	201.5%
Publications/Journal Production	505,000	493,100	498,818	408,500	102.4%
Publications/Journal Sales	147,250	100,180	124,292	115,100	147.0%
Student Affairs/Travel	8,000	10,000	6,793	6,450	80.0%
Student Affairs/Accommodation	6,800	6,000	6,565	6,450	110.0%
Student Affairs/PD	3,515	3,255	782	2,608	108.0%
Student Affairs/Other	1,800	0	361	0	
Student Affairs/Promotion	20,000	17,500	18,033	18,050	114.3%
Student Affairs/Pract Mgt Manual	6,600	0	0	6,600	
Student Affairs/Student Conf.	14,000	12,000	12,247	12,000	118.7%

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - EXPENSE

(memb91)

	1991 Preliminary Budget	1990 Adjusted Budget	1989 Actual (unaudited)	1989 Budget	1991/ 1990
Taxation Committee/Travel	5,000	5,000	70	3,550	100.0%
Taxation Committee/Accommodation	2,100	2,100	0	3,550	100.0%
Taxation Committee/PD	2,912	2,800	0	2,886	104.0%
Taxation Committee/Other	1,000	7,000	1,250	10,000	14.3%
Third Party Plans/Travel	10,500	10,000	15,919	12,900	105.0%
Third Party Plans/Accommodation	10,500	10,000	11,546	12,900	105.0%
Third Party Plans/PD	10,500	10,000	11,081	9,945	105.0%
Third Party Plans/Other	5,000	0	7,838	18,500	
Third Party Plans/E D I (Net)	0	25,000	151,530	25,000	0.0%
Third Party Plans/D I D (Net)	25,200	23,985	26,034	24,000	105.1%
New Projects/Travel	5,000	0	0	0	
New Projects/Accommodation	5,000	0	0	0	
New Projects/PD	5,000	0	0	0	
New Projects/Other	19,000	0	0	0	
Total	\$1,579,286	\$1,334,159	\$1,376,189	\$1,242,478	118.4%

(Admin91)

CANADIAN DENTAL ASSOCIATION

1991 BUDGET - EXPENSE

	1991 Preliminary Budget	1990 Adjusted Budget	1989 Actual (unaudited)	1989 Budget	1991/ 1990
ADMINISTRATION					
Executive Staff/Travel	\$11,500	\$11,500	\$10,738	\$11,500	100.0%
Executive Staff/Accommodation	11,500	11,500	15,199	11,500	100.0%
Executive Staff/Other	2,500	0	7,989	0	
Executive Staff/Payroll	286,800	254,805	230,116	202,743	104.7%
Executive Staff/Temporary	2,500	5,714	215	4,000	43.8%
Executive Staff/Benefits	36,700	34,584	31,382	28,895	108.1%
Executive Staff/Training	2,250	1,980	2,435	2,000	113.6%
Executive Staff/Advertising & Fees	2,000	1,744	0	2,000	114.7%
Executive Staff/Miscellaneous	2,000	1,000	2,029	0	200.0%
Prof. Services Staff/Travel	7,000	6,000	6,837	6,000	116.7%
Prof. Services Staff/Accommodation	7,000	6,000	3,346	6,000	116.7%
Prof. Services Staff/Other	2,500	0	1,370	0	
Prof. Services Staff/Payroll	287,100	281,627	210,196	228,331	101.9%
Prof. Services Staff/Temporary	7,200	5,714	6,170	4,000	128.0%
Prof. Services Staff/Benefits	31,000	29,295	26,642	24,600	105.8%
Prof. Services Staff/Training	2,700	1,980	580	2,000	136.4%
Prof. Services Staff/Advertising & Fees	2,000	1,744	7,746	2,000	114.7%
Prof. Services Staff/Miscellaneous	2,000	1,000	229	0	200.0%
Member Services Staff/Travel	4,000	6,000	2,602	2,000	66.7%
Member Services Staff/Accommodation	4,000	6,000	3,574	2,000	66.7%
Member Services Staff/Other	7,000	0	6,152	0	
Member Services Staff/Payroll	597,300	455,967	333,763	359,937	131.0%
Member Services Staff/Temporary	10,000	17,143	36,023	12,000	58.3%
Member Services Staff/Benefits	65,000	77,155	47,575	63,464	84.2%
Member Services Staff/Training	5,400	4,080	2,623	4,120	132.4%
Member Services Staff/Advertising & Fees	2,000	2,267	1,355	2,600	88.2%
Member Services Staff/Miscellaneous	2,000	1,000	76	0	200.0%
Admin. Staff/Travel	3,000	6,000	764	6,000	50.0%
Admin. Staff/Accommodation	3,000	6,000	1,331	6,000	50.0%
Admin. Staff/Other	10,000	0	16,575	0	
Admin. Staff/Payroll	387,000	348,681	290,507	273,701	105.3%
Admin. Staff/Temporary	5,000	6,429	4,041	4,500	77.8%
Admin. Staff/Benefits	50,000	55,667	42,515	46,015	89.8%
Admin. Staff/Training	5,400	3,980	1,806	4,000	136.4%
Admin. Staff/Advertising & Fees	2,000	1,744	1,020	2,000	114.7%
Admin. Staff/Miscellaneous	2,000	1,000	-1,860	3,020	200.0%
Operations/Travel	500	500	355	4,000	100.0%
Operations/Accommodation	500	500	321	4,000	100.0%
Operations/Facility R&C	6,000	5,000	5,539	6,000	120.0%
Operations/Printing	3,750	40,000	3,272	40,000	9.4%
Operations/Photocopying	5,000	20,000	-35,569	20,000	25.0%
Operations/Translation	1,000	15,000	93	15,600	6.7%
Operations/Photography	500	500	0	500	100.0%
Operations/Postage	1,000	70,000	565	67,600	1.4%

CANADIAN DENTAL ASSOCIATION

(Admin91)

1991 BUDGET - EXPENSE

	1991 Preliminary Budget	1990 Adjusted Budget	1989 Actual (unaudited)	1988 Budget	1991/ 1990
Operations/Shipping And Delivery	2,000	13,000	1,851	15,600	15.4%
Operations/Electronic Mail & Fax	25,000	5,000	18,607	0	500.0%
Operations/Legal & Consulting	10,000	10,000	15,151	17,000	100.0%
Operations/Equip. Purchase & Rental	137,500	130,000	103,859	91,000	105.8%
Operations/Equip. Maintenance	28,500	25,000	28,450	25,000	106.0%
Operations/Office Supplies	28,500	25,000	20,281	35,000	106.0%
Operations/Stationary	33,600	25,000	29,331	30,000	134.4%
Operations/Dues Fees & Subs	1,200	500	915	0	240.0%
Operations/Software	3,500	3,000	1,968	2,500	116.7%
Operations/Telephone	120,000	70,000	98,733	72,800	171.4%
Operations/Admin. Charges	13,000	3,000	11,229	3,100	433.3%
Operations/Audit And Financial	15,000	12,000	500	10,500	125.0%
Operations/Equip. Dep'n.	0	0	7,705	0	
Operations/Insurance	18,000	20,000	15,590	17,700	90.0%
Operations/Miscellaneous	10,000	1,000	13,631	0	1000.0%
Property/Rent	12,000	8,000	10,379	9,700	200.0%
Property/Other	2,500	2,000	2,412	0	125.0%
Property/Legal & Consulting	2,500	2,000	89,140	3,000	125.0%
Property/Utilities	52,000	49,000	53,806	57,000	108.1%
Property/HVAC	19,500	20,000	16,864	20,000	97.5%
Property/Cleaning	24,000	24,000	20,137	20,000	100.0%
Property/Security & Fire Inspection	3,000	3,100	2,051	2,500	96.8%
Property/Bldg. Main. & Repairs	10,000	17,000	10,793	17,000	58.8%
Property/Grounds Maintenance	12,000	13,000	5,122	11,500	92.3%
Property/Dep'n Expense	81,200	81,200	57,174	57,200	100.0%
Property/Mortgage Interest	25,000	25,000	0	0	100.0%
Property/Insurance	7,500	7,200	5,529	5,800	104.2%
Property/Realty Tax	65,000	61,000	60,240	60,000	106.6%
Property/Miscellaneous	2,000	1,000	42,554	2,000	200.0%
Total	\$2,618,600	\$2,470,780	\$2,073,418	\$2,070,526	106.0%

EXECUTIVE

36.8 Protection of Tenure of Members of Management Committee and Executive Council

THAT the Council on Constitution and By-Laws be requested to prepare the necessary amendment to the By-Laws required to ensure protection of members of the Management Committee from removal from office by their corporate body during their term in office.

DEFEATED

NOTE:

The Board of Governors accepts the principle of invulnerability of the members of the Management Committee to removal from office by the Corporate Members.

DIRECTION: That the Council on Constitution and By-Laws examine the question of impeachment for consideration at a future date.

EXECUTIVE

85.59 Guidelines for National Symposia & Conferences

THAT when National Symposia and Conferences are sponsored by the CDA, the following funding guidelines be applied:

THAT the CDA shall be responsible for the payment of:

- meeting rooms, luncheons, receptions etc.
- speakers' honoraria and expenses
- expenses of CDA required representation.

ADOPTED

International Dental Meetings - Requests for Funding

Terms of Reference

Resolution 83.3

THAT the following terms of reference be approved for CDA Financial Support of International Dental Meetings in Canada:

1. Application from Canadian dental groups or associations sponsoring international scientific meetings will be accepted by the CDA via the office of the Executive Director.
2. Information supplied to the CDA will include the nature and content of the international meeting and the estimated number of participants and from which countries they come.
3. The amount of financial support will be in the form of a direct grant to the sponsoring organization to be used toward the meeting costs and the amount of the grant will be nominal in nature.
4. Appropriate recognition of CDA's financial support will be displayed to the meeting participants.
5. Approval of the applications will be the responsibility of the Executive Council.

Adopted

Board of Governors - March, 1983

MEMBERSHIP COMMITTEE

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Bernard Dolansky, Chairman, Ottawa
Dr. Bill Rosebush, Vancouver, B.C.
Dr. Sam Sgro, St. Léonard, Québec
Dr. Barry Dolman, Montréal, Québec

Coordinator: Mr. Joel R. Neal, Director of Administration

1. Committee Meetings

The Committee met formally on September 29, 1989 and held a conference call on December 18, 1989.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. 1990 Membership Campaign

The primary objective of the 1990 Membership Campaign was to halt a trend of declining membership in the voluntary provinces. The campaign was designed to include a variety of activities and events; the focus of the campaign, however, was on increased communication. The Association's communication strategy to the extent that it has been implemented, improved the quality and frequency of communication between CDA and dentists. This was an important element in our Membership Campaign. The Committee strongly believes that all communication between CDA and Canadian dentists should reinforce the value of membership in the national association.

a) Speaker Tours

In addition to written communication, CDA will implement a speaker tour. Audiences will be set up through local societies in Ontario and Québec where CDA spokespersons will present speeches developed by CDA staff. Visual aids will be developed to enhance the speeches.

b) Student Events

Along with communicating with dentists, efforts will be made to improve the quality of communication with the dental student body.

The Membership Committee will work with the CDA Student Committee to revamp the format of the student nights across the country.

In addition, dental schools will be asked to provide CDA an opportunity to present an overview of organized dentistry to fourth year students during class time.

And finally in regard to student contact, the Membership Committee will work with the Student Committee to develop a questionnaire designed to assess the image and profile of the Association among students and recent graduates

c) Paper Campaign

The traditional paper campaign took on a different look this year with covering letters that were more "up beat" and "aggressive". And for dentists who were members of CDA in 1989, the 1990 enrolment form was replaced with an invoice. (See Appendix I)

APPENDIX I

A members' service card was developed alerting members to the different services available through CDA. The motto "We're here to help" has already had its planned effect with dentists calling for information on a variety of subject. (See Appendix II)

APPENDIX II

The first mailing, sent October 17, 1989, was followed by a reminder sent November 30, 1989. A final mailing will be sent in late January, depending on the flow of returns. The final mailing will be a fairly terse reminder that the ability to access services terminates without membership.

d) Journal Ads

A series of advertisements promoting the activities of CDA will be developed for use in the CDA Journal. In addition, CDA will submit the artwork for these ads to the corporate members and ask that they use them in their publications as often as possible to promote CDA.

As well, a card has been developed to be "blown-in" the CDA Journal sent to non-members, reminding them of the benefits they are receiving and encouraging them to join.

e) **Booth Impact**

The new CDA membership booth exhibited for the first time at the CDA convention in Vancouver had a tremendous impact, drawing a large number of delegates.

The colourful look of the booth and having dentists staff the booth were considered factors in the successful launch of the exhibit.

The booth was also exhibited at the Academy of Dentistry Winter Clinic in Toronto in November. The booth again made a positive impact.

Plans are underway to have the booth exhibited at the ODA and ODQ meetings, as well as the CDA meeting in Ottawa.

f) **Membership Statistics**

To date, response to the 1990 Campaign has been favourable. Although it is still early, it appears the decline has been halted and in fact we may see a modest increase. (See Appendix III)

APPENDIX III

3. **Development of the Membership Strategy**

To improve the Committee's ability to plan for the future by learning from the successes and failures of the past and insure continuity of membership strategies, CDA staff had been directed to develop a membership strategy paper. However, due to the development of the Communications Steering Committee of Executive Council, an overall CDA marketing report will be developed with membership as one major component of the report.

4. **Sterilization Equipment Monitoring Program**

Work is continuing on the development of a Sterilization Equipment Monitoring Program. Discussions with the University of British Columbia have been helpful and we should be able to launch a program during 1990.

5. Home/Auto Insurance

The Committee is pursuing a Home/Auto Insurance Program as a benefit for members.

6. Vehicle Leasing Program

The Committee has proposals from three companies anxious to implement a vehicle leasing program. It is expected a decision will be made by the spring of 1990.

7. Affinity Card

The Affinity card program has proven to be a success with over 850 cards in circulation. The program generated approximately \$13,000 in revenue in 1989.

8. CDA Council/Committee Requirements

The Committee reviewed the CDA policy on membership requirements for CDA Council/Committee members. It was agreed that CDA should seek qualified experts on its Councils/Committees and where such expertise is found in non-dentists CDA membership should be encouraged, but not required.

However, where licensed dentists are concerned, a CDA membership should continue to be a requisite for Council/Committee participation.

9. General Pricing

The Committee reviewed the pricing policy for goods and services sold by the Association, in particular as it applies to non-members. It was agreed the current policy, where a surcharge of 100% is added to all goods or services sold to non-members, should not be changed.

Respectfully submitted,

Bernard Dolansky, B.A., D.D.S., M.Sc.
Membership Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Membership Committee as information.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

1st Mailing-Graduates

Dear Graduate:

Congratulations on completing your program. Now that you are a professional, you are invited to join your colleagues across the country in supporting organized dentistry.

Our strength comes from people who are dedicated to the profession. You give CDA the power to represent your interests effectively. And with the tough issues facing the profession today, your support is vital.

Equally important is the fact that when you join CDA, you gain the support of the profession.

As you begin your practice life, we want you to know that we're here to help. We can help you market your practice, build patient communication, and find the best insurance coverage. We can also save you money --on patient education materials ordered through our catalogue, on our affinity card, and hotel discounts. We can advise you on financial management at our regular taxation seminars. Most of all, we can give the support you need -- with contacts, resources and networking opportunities.

We know how hard it is to get established in your career. We also know that money is tight. That's the reason behind our special policy for recent graduates. You may split your payment into two installments, paying half now and the balance in June, 1990. For your convenience, you may pay the full amount using your VISA or MasterCard and our toll free number, or by mail, using the form enclosed with this mailing.

With your participation, the profession is stronger. And with CDA, you get the help you need. Show your commitment to the profession by becoming a member today!

Sincerely yours,

Bernard Dolansky ,B.A., D.D.S., M.Sc.
Chairman, CDA Membership Committee



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

Chers diplômés,

Permettez-moi d'abord de vous féliciter d'avoir terminé votre formation. Maintenant que vous faites partie de la profession, je vous invite à vous joindre à vos collègues de tout le pays en adhérant à l'Association dentaire canadienne.

L'Association puise sa force auprès de gens qui se vouent à leur profession. Permettez-lui de vous représenter efficacement. Pour nous aider à résoudre les grandes questions de l'heure, votre appui compte plus que jamais.

Nous pouvons, en effet, vous aider à développer votre pratique, à bâtir de bons rapports avec les patients et à trouver le régime d'assurances qui vous convient. Nous pouvons aussi vous faire réaliser des économies : achat du matériel d'information des patients par notre catalogue, adhésion à notre carte Affinity, rabais sur les frais d'hôtel. Nous pouvons également vous conseiller sur le plan financier lors de nos séminaires sur la fiscalité. Ce qui importe, cependant, c'est de vous offrir le soutien dont vous avez besoin quant aux contacts, aux ressources et aux réseaux d'information.

Nous savons qu'il n'est pas facile de débiter dans la profession et que l'argent se fait rare. Voilà pourquoi nous offrons aux nouveaux diplômés d'acquitter leurs cotisations en deux versements : la moitié immédiatement et le reste au mois de juin 1990. Vous pouvez utiliser votre carte Visa ou MasterCard et en nous téléphonant sans frais d'interurbain, ou en nous envoyant par la poste le formulaire ci-joint.

C'est en nous serrant les coudes que nous maintiendrons la force de notre profession. Faites-nous savoir votre engagement envers elle en adhérant aujourd'hui-même à l'ADC!

Au plaisir de vous y accueillir,

Le président,

Kevin L. Roach, B.Sc., D.D.S.

271

À votre service!



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

1st Mailing-Non Members

Dear Colleague:

This has been an eventful and productive year for the Canadian Dental Association, to the benefit of all dentists across Canada. Yet, to a large extent, the determining factor in our effectiveness is the support we get from those of our colleagues who choose to join CDA on a voluntary basis. Take a moment now to consider how CDA's activities benefit you.

Two threats to the profession, affecting finance and autonomy, were kept at bay: the major players in capitation have retreated; and the federal government has agreed to make all dental services, except purely cosmetic treatment, tax exempt.

Two new programs, Electronic Data Interchange and Dialogue in Dentistry, will benefit both dentists and the public with increased efficiency and greater access to dental care.

New standards to guide the profession were developed this year: a revised Uniform System of Codes and List of Services; infection control guidelines; and a new recognition program for professional products.

These are only a few highlights of an extremely successful year. All of these projects were accomplished this year, without your support. In order to meet future challenges, your participation is essential.

Keep the profession strong. Join your colleagues across the country in supporting organized dentistry. With your support, we can do so much more!

Become a member of CDA today.

Sincerely yours,

Kevin L. Roach, B.Sc., D.D.S.
President, Canadian Dental Association



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

Chers collègues,

Cette année en aura été une des plus actives et des plus productives de l'Association dentaire canadienne, et ce pour le bien de tous les dentistes du pays. De telles réalisations sont, en grande part, attribuables à l'appui que nous recevons des collègues qui acceptent de joindre librement les rangs de l'Association. Voyons brièvement les avantages que vous en retirez.

L'Association a réussi, au cours de l'année, à tenir en échec deux menaces sur le plan du financement et de l'autonomie : d'une part, les principaux tenants de la capitation ont battu en retraite; d'autre part, le gouvernement fédéral a accepté d'exempter de sa taxe les services dentaires, sauf les soins purement esthétiques.

Deux nouveaux programmes, l'échange informatisé des données et Dialogue in Dentistry, permettront, dans l'intérêt des dentistes comme de la population, de rendre nos services plus efficaces et plus accessibles.

De nouvelles normes servant de guides à la profession ont été mises au point au cours de l'année. Ce sont : le système révisé de codification et la nouvelle liste des services; le guide de prévention de la contamination; et le programme de reconnaissance des produits d'usage professionnel.

Et ce n'est là qu'un bref aperçu des réalisations d'une année extrêmement fructueuse, malgré le fait que nous n'ayons pas encore reçu votre appui. Vous voyez donc toute l'importance que revêt votre participation pour l'avenir.

C'est en nous serrant les coudes que nous maintiendrons la force de notre profession. Joignez-vous aux collègues de tout le pays. Votre appui nous permettra de faire tellement davantage!

Joignez les rangs de l'ADC aujourd'hui-même.

Au plaisir de vous y accueillir!

Le président,

Kevin L. Roach, B.Sc., D.D.S.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

2nd Mailing-Members
Non Members

Dear Colleague:

As a trained caring professional, would you not like the opportunity to do your part to keep dentistry strong?

This year, dentists across Canada benefitted from having a strong national association. Consider victories like the removal of the proposed GST from virtually all dental services. Innovations like infection control guidelines, the Dental Patients Charter of Rights, and third party initiatives such as EDI and Dialogue in Dentistry. A strong association is able to respond to today's challenges, and to serve your needs effectively. And we will continue to do so, with a broad range of programs and services already planned for next year.

What are the benefits of belonging to the Canadian Dental Association? CDA provides tax savings and financial advice. Effective patient communication tools. Information at your fingertips, access to the most comprehensive insurance coverage available. And many benefits you can't put a price tag on. A national voice. Representation in government policy. Professional standards. Increased public awareness. Leadership.

All of this is made possible through prudent financial management. CDA relies on a small staff and the invaluable support of hundreds of volunteers from the dental profession. Dentists serving dentists.

Your support is vital. Two-thirds of our operating budget comes from dentists who support all these activities on your behalf.

Be counted as a member of your association, renew your membership today. If you have already mailed your application, we thank you for your support.

Sincerely yours,

Kevin L. Roach, B.Sc., D.D.S.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

Novembre 1989

Chers collègues,

En tant que dentistes compétents et attentifs, vous voulez sans doute que votre profession soit forte et n'attendez que l'occasion de faire votre part.

Cette année, les dentistes du pays ont grandement bénéficié de leur association nationale. Songez aux victoires comme l'exclusion de pratiquement tous les soins dentaires du projet de TPS. Pensez aux innovations telles que le guide de prévention de la contamination, la charte des droits du patient ou les initiatives touchant les tierces parties, l'échange informatisé des données ou Dialogue in Dentistry par exemple. Une association dynamique sera toujours en mesure de relever les défis de l'heure et de combler ainsi efficacement nos besoins. C'est précisément ce que nous voulons continuer de faire avec toutes les activités et tous les services que nous avons déjà mis au point pour l'an prochain.

Pourquoi appartenir à l'Association dentaire canadienne? Pour bien des raisons : conseils en matière de fiscalité et de finance; matériel de communication avec les patients; accès facile à l'information; régime d'assurances le plus complet sur le marché. Sans compter les avantages qui n'ont pas de prix : porte-parole unique pour l'ensemble du pays; représentation auprès du gouvernement; normes professionnelles; sensibilisation de la population; orientation.

Pour réaliser tout cela, nous avons absolument besoin de votre appui. En effet, comme les deux tiers de notre budget d'exploitation proviennent de dentistes comme vous; c'est votre propre soutien qui nous permet de vous offrir tous ces services.

Soyez des nôtres, renouvez votre adhésion aujourd'hui-même. Si vous avez déjà envoyé votre demande d'adhésion, nous vous en remercions.

Sincèrement,

Le président,

Kevin L. Roach, B.Sc. D.D.S.

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

Copy Membership Invoice

INVOICE NO:

DATE: _____

CDA CODE: Y 1A

1090 CDA MEMBERSHIP FEES (ACTIVE) DR

\$330.00

TOTAL DUE:.....\$330.00

PAYABLE IN CANADIAN FUNDS
(BY CHEQUE OR MASTERCARD/VISA)

DUE UPON RECEIPT

TO PAY BY MASTERCARD OR VISA - COMPLETE THIS SECTION ON THE BLUE COPY

... **MASTERCARD**

... VISA

CARD NUMBER: / . . . / . . . / . . . / . . . /

SIGNATURE.....EXPIRY DATE/..

PLEASE RETAIN THE WHITE COPY FOR YOUR RECORDS
AND RETURN THE BLUE COPY WITH YOUR PAYMENT

CDA - We're here to help!

Keep this card by your phone for information on our services

Communications/Marketing

- patient education materials
- marketing tips
- Dental Health Month items
- catalogue orders
- media relations

Professional Development

- a world-class annual convention
- Information on:
 - continuing education
 - specialty programs
 - accredited programs
 - internships and residencies

News and Resources

- CDA Journal
- reference section
- CDA Communique
- MEDLINE database searches
- periodical reprints
- package libraries

Taxation and Finance

- customs & excise summary
- tax exemption listings
- sales tax review
- tax seminars
- management company guidelines

Third Party

- third party dental plans
- Electronic Data Interchange
- Dialogue in Dentistry

Money-Saving Services

- car rental discounts
- corporate hotel rates (Holiday Inn, Westin, Ritz-Carlton Montreal)
- affinity card

Professional Mandates

- recognition programs for consumer and professional products
- Patient's Bill of Rights
- Code of Ethics
- Uniform System of Codes and List of Services

Insurance and Investment (CDIP)

- life & disability insurance
- retirement counselling and RRSP program
- office and liability
- insurance planning

and much, much more!

Canadian Dental Association

- 1815 Alta Vista Drive
- Telephone: (613) 523-1770
- Ottawa, Ontario
- FAX: (613) 523-7736
- K1G 3Y6

• Office Hours: Monday to Friday, 8:30 a.m. to 4:30 p.m.

Toll Free Numbers

- Eastern Canada
- (except area code 709) **1-800-267-6364**
- Western Canada
- (including area code 709) **1-800-267-6354**

1990

JANUARY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MARCH

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MAY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUNE

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JULY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

SEPTEMBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

OCTOBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

NOVEMBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

DECEMBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Meetings and Conventions

Canadian

- Manitoba Dental Association Meeting - January 18-20, Winnipeg
- Newfoundland Dental Association Meeting - May 3-5, St. John's
- Ontario Dental Association Spring Meeting - May 3-6, Toronto
- New Brunswick Dental Society Meeting - May 4-5, Moncton
- Les Journées dentaire du Québec - May 20-24, Montreal
- PEI Dental Association Meeting - May 25-27, Mill River
- Alberta Dental Association Meeting - June 10-13, Kananaskis
- Nova Scotia Dental Association Meeting - June 15-16, Sydney
- College of Dental Surgeons of BC Convention - June 28-30, Vancouver
- CDA Board of Governors Meeting - August 24-25, Ottawa
- CDA ANNUAL CONVENTION - August 25-29, Ottawa
- College of Dental Surgeons of Saskatchewan Meeting - September 14-16, Saskatoon

International

- Chicago Midwinter Meeting - February 11-14, Chicago
- FDI World Congress - September 8-14, Singapore
- American Dental Association Convention - October 13-18, Boston

Holidays and Special Events

- NEW YEAR'S DAY - Monday, January 1
- ASH WEDNESDAY - Wednesday, February 28
- GOOD FRIDAY - Friday, April 13
- PASSOVER - Tuesday, April 10-16
- EASTER - Sunday, April 15
- VICTORIA DAY - Monday, May 21
- ST. JEAN BAPTISTE DAY - Sunday, June 24
- CANADA DAY - Sunday, July 1
- CIVIC HOLIDAY - Monday, August 6
- LABOUR DAY - Monday, September 3
- JEWISH NEW YEAR - Thursday, September 20
- YOM KIPPUR - Saturday, September 29
- THANKSGIVING - Monday, October 8
- REMEMBRANCE/VETERAN'S DAY - Sunday, November 11
- CHRISTMAS - Tuesday, December 25

April is Dental Health Month

1990

L'ADC - À votre service!

Consulter près du téléphone pour repérer rapidement nos services

Communications et marketing

- matériel d'information pour le patient
- relations avec les médias
- conseils en marketing
- matériel du Mois de la santé dentaire
- catalogue de publications

Perfectionnement

- congrès annuel de calibre mondial
- Renseignements :
- formation continue
- programmes agréés de formation
- internats et résidences
- programmes pour les spécialités

Informations et ressources

- Le Journal de l'ADC
- références
- Le Communiqué de l'ADC
- base de données MEDLINE
- extraits de périodiques
- protis bibliographiques

Fiscalité et finance

- douanes et accise
- exonérations de taxe
- taxe de vente
- seminaires sur la fiscalité
- sociétés de gestion

Régimes de soins dentaires

- regimes avec tierce partie
- Echange informatisé des données
- Dialogue en Dentistry

Économies

- rabais sur la location d'auto
- tarifs des sociétés dans les hôtels (Holiday Inn, Westin et Ritz-Carlton, Montréal)
- carte Affinité

Formes professionnelles

- programmes de reconnaissance des produits de consommation et professionnels
- code de déontologie
- charte des droits du patient
- Système uniformisé de codification et Liste des services

Assurances et placements (ADC)

- assurances vie et invalidité
- régimes planifiés d'assurances
- assurances de bureau et responsabilité
- préparation de la retraite et RÉER

et bien d'autres services!

L'Association dentaire canadienne

- 1815, promenade Alta Vista • Téléphone: (613) 523-1770
- Ottawa (Ontario) • Belino: (613) 523-7736
- K1G 3Y6

Heures de bureau : du lundi au vendredi, de 8h30 à 16h30

Composer sans frais

- Provinces de l'Est (sauf l'indicatif régional 709) 1-800-267-6364
- Provinces de l'Ouest (et l'indicatif régional 709) 1-800-267-6354

JANVIER						
D	L	M	M	J	V	S
		2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FÉVRIER						
D	L	M	M	J	V	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

MARS						
D	L	M	M	J	V	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

AVRIL						
D	L	M	M	J	V	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

MAI						
D	L	M	M	J	V	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JUIN						
D	L	M	M	J	V	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

JUILLET						
D	L	M	M	J	V	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AOÛT						
D	L	M	M	J	V	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SEPTEMBRE						
D	L	M	M	J	V	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

OCTOBRE						
D	L	M	M	J	V	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

NOVEMBRE						
D	L	M	M	J	V	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

DECEMBRE						
D	L	M	M	J	V	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Réunions et congrès

au Canada

- Association dentaire du Manitoba - du 18 au 20 janvier, à Winnipeg
- Association dentaire de Terre-Neuve - du 3 au 5 mai, à St. Jean
- Association dentaire de l'Ontario, rencontre du printemps - du 3 au 6 mai, à Toronto
- Société dentaire du Nouveau Brunswick - les 4 et 5 mai, à Moncton
- Les Journées dentaires du Québec - du 20 au 24 mai, à Montréal
- Association dentaire de l'Î.-P.-É. - du 1^{er} au 3 juin, à Mill River
- Association dentaire de l'Alberta - du 10 au 13 juin, à Kananaskis
- Association dentaire de la Nouvelle-Ecosse - les 15 et 16 juin, à Sydney
- Collège des chirurgiens dentistes de la C.B. - du 28 au 30 juin, à Vancouver
- Bureau des gouverneurs de l'ADC - les 24 et 25 août, à Ottawa
- Collège des chirurgiens dentistes de la Saskatchewan - du 25 au 29 août, à Ottawa
- Collège des chirurgiens dentistes de la Saskatchewan - du 14 au 16 septembre, à Saskatoon

à l'étranger

- Rencontre d'hiver de Chicago - du 11 au 14 février, à Chicago
- Congrès mondial de la FDI - du 8 au 14 septembre, à Singapour
- Association dentaire américaine - du 13 au 18 octobre, à Boston

Fêtes et congés spéciaux

- JOUR DE L'AN - lundi, 1^{er} janvier
- MERCREDI DES CENDRES - mercredi, 28 février
- VENDREDI-SAINT - vendredi, 13 avril
- LA PAQUE JUIVE - du 10 au 16 mai
- PÂQUES - dimanche, 15 avril
- FÊTE DE LA REINE - lundi, 21 mai
- S. JEAN-BAPTISTE - dimanche, 24 juin
- FÊTE DU CANADA - dimanche, 1^{er} juillet
- FÊTE CIVIQUE - lundi, 6 août
- FÊTE DU TRAVAIL - lundi, 3 septembre
- NOUVEAU AN JUIF - jeudi, 20 septembre
- YOM KIPPUR - samedi, 29 septembre
- ACTION DE GRÂCES - lundi, 8 octobre
- FÊTE DU SOUVENIR - dimanche, 11 novembre
- NOËL - mardi, 25 décembre

Association dentaire canadienne

APPENDIX III

11-Jan-90

Membership Statistics

as at January 10, 1990

QUEBEC	1990		1989		Percentage change	
	licensed	unlicensed	licensed	unlicensed	licensed	unlicensed
Active	730	1	994	8	-26.6%	-87.5%
Affiliate	323	1	524	7	-38.4%	-85.7%
Supporting	0	1	5	2	-100.0%	-50.0%
Retired	0	13	3	17	-100.0%	-23.5%
Students	25	3	46	4	-45.7%	-25.0%
Life	70	69	71	68	-1.4%	1.5%
Sub-total	1148	109	1643	106	-30.1%	2.8%
Non-members	1977	181	1491	179	32.6%	1.1%
Total	3125	290	3134	285	-0.3%	1.8%
Total Active & Licensed Life	800		1065		-24.9%	

ONTARIO	1990		1989		Percentage change	
	licensed	unlicensed	licensed	unlicensed	licensed	unlicensed
Active	2339	2	2751	13	-15.0%	-84.6%
Affiliate	30	0	44	0	-31.8%	ERR
Supporting	7	8	20	11	-65.0%	-27.3%
Retired	0	35	0	37	ERR	-5.4%
Students	33	9	58	10	-43.1%	-10.0%
Life	140	217	137	217	2.2%	0.0%
Sub-total	2549	271	3010	288	-15.3%	-5.9%
Non-members	2930	260	2472	242	18.5%	7.4%
Total	5479	531	5482	530	-0.1%	0.2%
Total Active & Licensed Life	2479		2888		-14.2%	

NOMINATIONS, AWARDS AND TRUSTS COMMITTEE

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. J.W. Niedermayer, Chairman, Regina
Dr. R.J. Markey, Richmond
Dr. J.R. Robertson, Summerside

Executive Liaison: Dr. J.W. Niedermayer, Regina

Coordinator: Mrs. S. Deziel

1. Committee Meetings

The Committee has not met since its report to the 1989 Annual Meeting; business has been conducted by correspondence and telephone.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Council on Accreditation

Following the 1989 Annual Meeting, the Council on Education and Accreditation nominated Dr. Arthur Schwartz as Interim Chairman of the new Council on Accreditation.

This action by Council was necessitated by the fact that the newly formed Council on Accreditation will not meet until November, 1990, and an interim appointment to the Chair was required in order to proceed with Council business up to and including the November meeting. It is understood that the Council on Accreditation will, during the November meeting, put forth a nomination for Chairman following the provisions of Article XVI - Section 4(c) of the Constitution and By-Laws.

APPENDIX I

The President of the Canadian Dental Association, has on recommendation of the Executive Council, ratified the nomination and appointment of Dr. Arthur Schwartz as Interim Chairman of the Council on Accreditation.

3. CDAA Appointment to the Council on Accreditation

The Committee received notification from the Canadian Dental Assistants' Association that their original appointment to the Council on Accreditation, Gaylene Smith, was unable to accept the position. The CDAA put forth the name of Marlane Paquin to fill this position on Council. This appointment was ratified by President Kevin Roach on behalf of the Board of Governors.

4. Nominations to the Committee on Community and Institutional Dentistry

The terms of reference for the Committee on Community and Institutional Dentistry allow for a representative from the Canadian Hospital Association (CHA). Due to the approvals required for the CHA to provide a nomination, the nomination from them was not received until after the 1989 Annual Meeting of the Board of Governors, and therefore was not included with the formal slate of officers elected at that time.

CDA President, Dr. Roach has ratified the appointment of Dr. Jennifer Jackman to the Committee on behalf of the Board of Governors.

5. Report of the Sub-Committee on Honors and Awards

The Sub-Committee on Honors and Awards has made recommendations to the Executive Council concerning recipients for the Award of Merit, the Certificate of Merit and Letters of Appreciation. The results of these recommendations are found in the Executive Council report to the Board. The Call for nominations for the Distinguished Service Award and Honorary Membership were mailed in January, 1990.

APPENDIX II

The Nominations Committee will review nominations received at its next meeting and make appropriate recommendations to the Executive Council Pre-Board meeting in June.

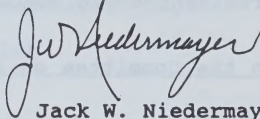
6. CEO's Candidacy - CDA Awards

In 1989, the Executive Council approved a recommendation of the Committee that future Nominations, Awards and Trusts Committees be encouraged to review the contributions made by Provincial and Licensing Bodies - CEO's across Canada, and consider such persons for awards as appropriate.

The appended memorandum was forwarded to Presidents of these bodies, in order that the Committee receive any input deemed appropriate.

APPENDIX III

Respectfully submitted,



Jack W. Niedermayer, B.A., D.D.S.
Chairman, Nominations, Awards
and Trusts Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Nominations, Awards and Trusts Committee.

APPENDIX I

(c) Council on Accreditation

The Council on Accreditation shall consist of fourteen members. In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person appointed by the Canadian Dental Association.
- (2) One person who is active in Hospital and/or Institutional Dentistry appointed by the Canadian Dental Association.
- (3) Three persons appointed by the Association of Canadian Faculties of Dentistry, one of which shall be a representative of the Committee of Deans.
- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section.
- (5) Two persons appointed by National Dental Examining Board of Canada.
- (6) Two persons appointed by the Provincial Dental Licensing Authorities.
- (7) One person appointed by Royal College of Dentists of Canada.
- (8) One person appointed by the Canadian Dental Assistants' Association.
- (9) One person appointed by the Canadian Dental Hygienists' Association.
- (10) A lay person appointed by the Council on Accreditation.

The Chairman of the Council on Accreditation shall be elected from among the members of the Council in the following fashion: Any two members of Council may propose and second a nomination to be received directly by the Canadian Dental Association Committee on Nominations, Awards and Trusts. The Canadian Dental Association Committee on Nominations, Awards and Trusts will employ a secret ballot of the Council on Accreditation if more than one nomination is received. If the ballot does or does not result in a tie, the President of the Canadian Dental Association shall on the recommendation of Executive Council make the nomination and ratify the appointment.

The term of office for the Chairman of the Council on Accreditation shall be two (2) years, renewable once by election. Election to Council shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Council on Accreditation.

Amended 04-89

The Council on Accreditation shall be empowered to make decisions on accreditation standards, policies and processes and may appoint consultants or advisors. It may make recommendations on resources required to support its initiatives. Budgets supporting this Council shall be subject to the approval of the Council on Accreditation and Canadian Dental Association Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation. Summaries of revenues and disbursements shall be provided annually to all constituencies represented on the Council on Accreditation.

It shall be the duty of the Council on Accreditation:

- i) To function as a partnership of organizations and expertise concerned with protecting and furthering the public interest through the accreditation process as applied to educational programs for dentists, dental specialists, dental auxiliaries, dental residencies/internships and associated institutional dental services.
- ii) To ensure that the accreditation process promotes the preparation of competent dentists and dental auxiliaries by:
 - a) defining acceptable national standards as a basis for accreditation;
 - b) establishing comprehensive accreditation requirements for the specific educational programs;
 - c) reviewing each educational program against the appropriate national standard, as set out in the accreditation requirements and identifying programs in compliance with standards;
 - d) cooperating with provincial licensing authorities, the National Dental Examining Board of Canada, and others, as appropriate, with respect to current and developing certification process;
 - e) cooperating with organizations representing dental auxiliaries, Provincial Licensing Authorities and the National Dental Examining Board of Canada with respect to the development of certification requirements and processes for dental auxiliaries.
- iii) To report annually to the Board of Governors of the Canadian Dental Association and all other constituencies.

The Council on Accreditation shall have the power to appoint committees and sub-committees as it shall deem expedient.

Amended 04/89



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

M E M O R A N D U M

January 2, 1990

TO: Presidents and Chief Executive Officers -
Corporate Members
Executive Council

FROM: Jack W. Niedermayer, Chairman
Committee on Nominations, Awards and Trusts

SUBJECT: Nomination for Honorary Membership in the
Canadian Dental Association

- - - - -

On behalf of the Executive Council, we are requesting nominations from Corporate Bodies for Honorary Membership in the Canadian Dental Association.

The position of Honorary Membership in the CDA is defined as follows:

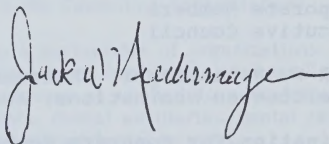
Honorary Membership is the highest award of the Association. Its purpose is to recognize the individuals deemed to have made outstanding contributions to the art and science of dentistry, or to the dental profession, over a sustained period of time. This award may be for service that is provincial, national or international in nature. It should in no way be viewed as an automatic award following a great number of years of practice and/or combination of above.

Each corporate member is requested to submit no more than one nomination for the position and this submission must be accompanied by a detailed curriculum vitae of the individual being named.

Due to the distinctive nature of the Honorary Membership award, only in the most unusual circumstances will more than one or two awards be conferred in any one year. As this is an annual review of candidates, we remind you that any previously submitted names may be resubmitted with the appropriate accompanying data.

It is intended that the awards will be bestowed at the Annual Meeting of the CDA Board of Governors in Ottawa, August 24-25, 1990. As you are aware, the Honorary Memberships are designated by the Executive Council and it would be appreciated, therefore, if you would submit your recommendation no later than February 28, 1990. If the approval mechanism within your organization does not allow for a decision by this date, please notify Sandra Deziel at the CDA office and an extension to the deadline will be arranged.

Your cooperation is appreciated.



C.C. Members, Committee on Nominations, Awards and Trusts
CDA Executive Director

/sfb



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

NOTE DE SERVICE

le 2 janvier 1990

AUX: Présidents et directeurs généraux - Corporations membres
Conseil exécutif

DE: Jack W. Niedermayer, Président, Comité des candidatures, des distinctions et des fondations

OBJET: La désignation des membres honoraires de l'Association dentaire canadienne

- - - - -

Au nom du Conseil exécutif, nous aimerions, par la présente, demander à chaque corporation membre de désigner des personnes pour le titre de membre honoraire de l'Association dentaire canadienne.

Le titre de membre honoraire de l'ADC est défini ainsi:

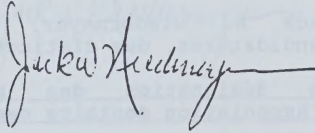
Il s'agit de la plus haute récompense accordée par l'Association. Elle peut être conférée aux personnes qui ont rendu des services exceptionnels dans une discipline dentaire ou à la profession, que ce soit sur la scène provinciale, nationale ou sur la scène internationale. Il est à noter que cette désignation n'est pas automatique suite à un nombre d'année de service ou de pratique ou une combinaison des deux.

Chaque corporation membre est priée de proposer le nom d'une seule personne pour le titre et d'accompagner la proposition d'un curriculum vitae complet de la personne en question.

A cause du caractère distinctif de la récompense, le titre n'est jamais conféré à plus d'une personne ou deux personnes par année, à moins de circonstances tout à fait exceptionnelles. Par ailleurs, étant donné que ce procédé est renouvelé à chaque année, nous vous rappelons que les noms déjà proposées dans le passé peuvent être à nouveau proposés. Il suffit de joindre la documentation requise à chaque proposition.

Nous prévoyons distribuer les récompenses à l'assemblée annuelle du Bureau des gouverneurs qui aura lieu à Ottawa, les 24 et 25 août 1990. Comme vous le savez sans doute, les membres honoraires sont désignés par le Conseil exécutif. Nous vous prions donc de nous faire parvenir vos propositions avant le 28 février 1990. Si cette date limite ne permet suffisamment de temps à votre organisme de nous faire parvenir la candidature, vous êtes prié d'en avvertir Sandra Deziel aux bureaux de l'ADC afin d'obtenir une prolongation.

Merci de votre collaboration.



c.c. Membres, Comité des candidatures, des distinctions et des fondations
Directeur général de l'ADC

/sfb



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

M E M O R A N D U M

January 2, 1990

TO: Presidents and Chief Executive Officers -
Corporate Members
Presidents, Specialty Sections
Executive Council

FROM: Jack W. Niedermayer, Chairman
Committee on Nominations, Awards and Trusts

SUBJECT: Nomination for Distinguished Service Awards -
Canadian Dental Association

- - - - -

On behalf of the Executive Council, we are requesting nominations from each corporate body and specialty section for the Distinguished Service Award.

The Distinguished Service Award is defined below:

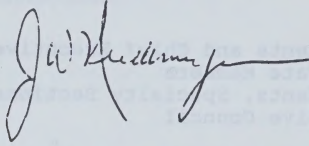
The Distinguished Service Award may be given to a dentist or other person to recognize either an outstanding contribution in a given year, or outstanding service over a number of years. It may also recognize outstanding contributions to the dental profession at the corporate level, specialty society, council or committee level.

Each corporate member and specialty section is requested to submit no more than one nomination for the position and this submission must be accompanied by a detailed curriculum vitae of the individual being named.

It is intended that the awards will be bestowed at the Annual Meeting of the CDA Board of Governors in Ottawa, August 24-25, 1990. As you are aware, the Distinguished Service Award is designated by the Executive Council and it would be appreciated, therefore, if you would submit your recommendation no later than February 28, 1990. If the approval mechanism within your

organization does not allow for a decision by this date, please notify Sandra Deziel at the CDA office and an extension to the deadline will be arranged.

Your cooperation is appreciated.



c.c. Members, Committee on Nominations, Awards and Trusts
CDA Executive Director

/sfb



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6

TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

NOTE DE SERVICE

le 2 janvier 1990

AUX: Présidents et directeurs généraux - Corporations membres
Présidents des sections spécialisées
Conseil exécutif

DE: Jack W. Niedermayer, Président, Comité des candidatures, des distinctions et des fondations

OBJET: Candidature à la distinction pour services émérites de l'Association dentaire canadienne

- - - - -

Au nom du Conseil exécutif, nous aimerions, par la présente, demander à chaque corporation membre et toutes les sections spécialisées de nous faire parvenir leurs candidatures à la Distinction pour services émérites.

Cette distinction se définit ainsi:

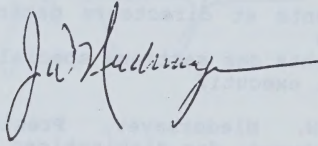
La Distinction pour services émérites peut être décernée à un dentiste ou à une autre personne en reconnaissance d'une contribution remarquable au cours d'une année en particulier ou de services remarquables s'échelonnant sur un certain nombre d'années, que ce soit au niveau de la profession dentaire en général, d'une spécialité, d'un conseil ou d'un comité.

Les organisations membres et les sections spécialisées sont priées de ne présenter qu'une seule candidature chacune et d'accompagner celle-ci d'un curriculum vitae détaillé de la personne qu'elles présentent.

Nous prévoyons distribuer les distinctions à l'assemblée annuelle du Bureau des gouverneurs qui aura lieu à Ottawa, les 24 et 25 août 1990. Comme vous le savez sans doute, c'est le Conseil exécutif qui choisit le ou la récipiendaire. Nous vous prions donc de nous faire parvenir vos propositions avant le 28 février 1990. Si cette

date limite ne permet suffisamment de temps à votre organisme de nous faire parvenir la candidature, vous êtes prié d'en avertir Sandra Deziel aux bureaux de l'ADC afin d'obtenir une prolongation.

Merci de votre collaboration.



c.c. Membres, Comité des candidatures, des distinctions et des
fondations
Directeur général de l'ADC

/sfb



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

MEMORANDUM

January 3, 1990

TO: Presidents - Provincial Dental Associations
and Provincial Licensing Bodies

FROM: Jack W. Niedermayer, Chairman, Nominations,
Awards and Trusts Committee

SUBJECT: CEO's Candidacy for CDA Awards

In 1989, the Executive Council approved a recommendation of the Nominations, Awards and Trusts Committee that future Committees be encouraged to review the contributions made by Provincial and Licensing Bodies - CEO's across Canada and consider such persons for awards as appropriate.

Attached for your consideration are the guidelines for awards of the Canadian Dental Association. I would request that you review these guidelines and consider the submission of nominations as you deem suitable.

It is intended that awards will be bestowed at the Annual Meeting of the CDA Board of Governors in Ottawa, August 24-25, 1990. As you are no doubt aware, all awards are designated by the Executive Council and it would be appreciated therefore if you would submit your recommendation no later than February 28, 1990.

Attachment

/msg

CANADIAN DENTAL ASSOCIATION A W A R D S

There are four categories of major awards: Honorary Membership, Distinguished Service Awards, Award of Merit and Certificate of Merit.

1. Honorary Membership

Honorary Membership is the highest award of the Association. Its purpose is to recognize the individuals deemed to have made outstanding contributions to the art and science of dentistry, or to the dental profession, over a sustained period of time. This award may be for service that is provincial, national or international in nature. It should in no way be viewed as an automatic award following a great number of years of practice and/or combination of above. Due to the distinctive nature of the honorary membership award, only in the most unusual circumstances will there be more than one or two awards conferred in any one year. An award each year shall not be considered a requirement.

Nomination

Candidates must be nominated by the Honours and Awards Sub-Committee with input and consultation with the corporate bodies and/or appropriate affiliated organizations. All nominations and supporting documents are to be reviewed by the Honours and Awards Sub-Committee and recommendations referred to the Executive Council.

Format: The format of this award should be a personalized parchment scroll, and an appropriate lapel medal.

It is proposed that honorary members (if they are licensed dentists) be exempt from payment of the CDA portion of the annual licence fee, but that they retain all of the rights and privileges of an active member. In addition, an honorary member and companion may attend both the scientific and social functions and the annual meetings and conventions held under the auspices of the Association without payment of a registration fee.

Presentation: This award shall be presented at a suitable formal occasion at the annual meeting by the President of the Association.

2. Distinguished Service Award

This award may be given to a dentist or other person to recognize either an outstanding contribution in a given year, or outstanding service over a number of years. It may also recognize outstanding contributions to the dental profession at the corporate level, specialty society, council or committee level. An award each year shall not be considered a requirement.

Nomination

Candidates must be nominated by the Honours and Awards Sub-Committee with input from and consultation with the corporate bodies and/or appropriate affiliated organizations. Although it would be normal to present only one distinguished service award in a given year, it should be possible under exceptional circumstances to award more than one distinguished service award in a particular year.

Format: The format of this award shall be an appropriately engraved plaque.

Presentation: This award shall be presented at a suitable formal occasion by the President of the Association.

3. Award of Merit

The recipient of this award must be a dentist. The award will be conferred upon an individual CDA member who has served in an outstanding capacity in the governing of the Canadian Dental Association or similar outstanding contribution to Canadian Dentistry, such as:

- at least 2 full terms as governor of the Association;
- at least 2 full terms on the Executive Council;
- at least 4 consecutive years of service to any dental organization or specialty sector;
- at least 4 years as a Council/Committee Chairman.

A specific number of awards should not be mandatory in any given year. Automatic receipt of this award should not be assumed because of the fulfilment of any or all of the above requirements. An award in this category shall not be considered mandatory on an annual basis.

Nomination

Nominations in this category will be initiated by the Sub-Committee on Nominations, in consultation with various resources available to them.

Format: The format of this award shall be an appropriately engraved wall plaque.

Presentation: The awards will be presented at a suitable formal occasion, depending on the position and location of the recipient of the award. Wherever possible, the President of the Association or his designate will present the award.

4. Certificate of Merit

This award is to recognize any special service at any level of dentistry within the country. In general, it will be reserved for dentists and other persons who have given at least one full term of service in such areas as Councils of the Association, or longstanding service at the corporate or special society level. An award each year shall be considered a requirement.

Nomination

The Honours and Awards Sub-Committee will receive and review the nominations and/or nominate candidates. Nominations, together with any supporting documents, shall be referred to the Executive Council.

Format: The format of this award shall consist of a hand-lettered parchment scroll.

Presentation: The award shall be presented at a suitable formal occasion, depending on the position and location of the recipient of the award. Whenever possible, the President of the Association or his designate shall present the award.

5. Letter of Appreciation

A letter of appreciation will be written by the President of the Association to all other contributors at a committee or council level who do not qualify for the other awards by either time or qualification.

6. Past-President Award

Purpose: To recognize service and contribution as President of the Association.

Format: The format shall be a past-president lapel pin and an appropriately engraved plaque.

Presentation: This award shall be presented at an appropriate formal occasion, whenever possible in conjunction with the annual meeting or convention.

Other Awards

1. Canadian Fund for Dental Research

- \$2,000. bi-annually
- To be presented at an official CDA function
- The recipient is to be funded to present the research paper at the ACFD/CADR Bi-annual meeting, if he/she so desires.

2. Universities

CDA President's Award

To be awarded to a graduating student in every dental faculty in the country.

Amount: \$250.00

Must be a student CDA member.

Nomination

The winners are to be selected by each Faculty Awards Committee. Each winner is to be a graduating student from the undergraduate program who, over his/her undergraduate years, has shown outstanding qualities of leadership, scholarship, character, and humanity and who may be expected to have a distinguished career in the dental profession and society at large.

This award may be withheld on recommendation of a Faculty Awards Committee in the event there is no sufficiently qualified candidate.

Format: A cheque for \$250. plus a hand-lettered parchment scroll.

Presentation: To be presented to the winner at the graduating exercises by the CDA President or his designate, e.g. the dean.

3. Special Friend of Canadian Dentistry Award

Purpose: Designed in appreciation and thanks for friendship and assistance to the CDA.

Format: The format of this award shall be an appropriately engraved wall plaque.

Presentation: The award will be presented at a suitable formal occasion, depending on the position and location of the recipient of the award. Wherever possible, the President of the Association or his designate will present the award.

Revised: 1989

COMMITTEE ON STUDENT AFFAIRS

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Mr. Keven Hockley, Chairman, U. of Western Ontario
Miss Linda Wiltshire, Student Governor, McGill U.
Miss Nicole Baggs, Chairman-Elect, U. of Western Ontario
Mr. Kerim Ozcan, Student-Governor-Elect, Dalhousie University
Dr. Scott MacLean, Past-Student-Governor, Edmonton
Dr. Ashoka Subedar, Past-Chairman, Winnipeg
Miss Sandra Finch, University of B.C.
Mr. David French, University of Alberta
Mr. Leo Gaudet, University of Saskatchewan
Mr. Paresh Shah, University of Manitoba
Miss Joycelyn Pearce, University of Toronto
Mr. David Engelsberg, McGill University
Mlle. Shiva Namjoonik, Université de Montréal
Mr. Robert Ganske, Université Laval

Executive

Liaison: Dr. Ron Smith, Duncan

Coordinator: Miss Linda Teteruck, Director of Communications

1. Committee Meetings

Committee has met once since the last Board meeting on September 2, 1989 in Vancouver, B.C. immediately following the Canadian Dental Students' Conference.

ITEMS REQUIRING BOARD ACTION

2. Practice Management Manual

Committee members discussed ways in which the manual could be used to encourage new graduates to join CDA & reinforce the value of CDA membership. In keeping with recommendations by the Membership Committee to develop Practice Management seminars for new graduates:

RESOLVED:

90.26 THAT the CSA encourage the Membership Committee to establish Practice Management seminars on a regional basis based on materials in CDA's Practice Management Manual as a means of profiling CDA and its membership benefits to new graduates.

The Board of Governors agrees and will attempt to accomplish this objective subject to budgetary restrictions.

3. Recruitment of Canadians Studying in U.S. Schools

Committee members felt that an information package should be sent to students studying in U.S. schools informing them of their eligibility for CDA student membership and various organizations in Canada concerned with licensure. The onus will then be on the students to follow-up should they wish more information. The DAT committee is compiling a list of Canadian dental students in U.S. schools.

RESOLVED:

- 90.27 **THAT an effort be made to contact Canadian Students in U.S. dental schools and an information package be sent to them including a student membership brochure.**

The Board of Governors agrees and directs that this process be initiated immediately.

4. Retention of New Graduates

A common objective of both the Membership Committee of the CDA and the CSA is to promote the benefits of membership, and ongoing communications and exchange of ideas between these two Committees is to be encouraged.

The Committee offered to assist the Membership Committee on retaining new graduates.

RESOLVED:

- 90.28 **THAT the Membership Committee consider the addition of a student liaison to its Committee.**

The Board of Governors' disagrees pending the development of a strategy in the Membership/Communications area.

5. CDSC 1990

It was noted that the 1990 CDA Convention will be held in Ottawa in August. CDSC is normally held immediately following the convention. Since there is no dental school in Ottawa, it was felt that CDSC should be held in Ontario - either at the University of Toronto or the University of Western Ontario. The last time the Conference was held in Toronto was 1985. It was held in London, at University of Western Ontario, in 1982. Since CDSC had most recently been held in Toronto and since London, Ontario, due to it's size, will probably not host a CDA annual convention, it was concluded that CDSC '90 be held in London, Ontario.

RESOLVED:

90.29 THAT CDSC 1990 be held in London, Ontario.

ADOPTED**ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION****6. Student Column**

The Committee agreed with the guidelines for articles in JCDA, which will be submitted, in alphabetical order by dental school on a rotational basis, three times a year. The articles submitted will be derived from a list of suitable topics to be approved at the fall meeting each year.

7. Student Membership

Committee members reviewed 1988-89 membership figures. It was noted that 98% of all dental students are members of CDA. It was also discussed that the 1989-90 membership fee has been frozen at \$17.00 and any alteration of that fee is to be discussed at the spring meeting.

8. CDA President's Award

Terms of this award were reviewed for Committee members. Method of nomination was also discussed to bring current members up to date. CSA reps were requested to investigate details surrounding this award at their particular faculty and report back at the next meeting.

9. Testing 1989 Grads - NDEB Proposal

Committee members reviewed in detail the NDEB proposal to test new graduates in order to audit the NDEB exam to ensure it measures what is being taught in dental school. The Committee felt that there were many unanswered questions. A motion was passed that stated that CSA agrees in principle to act as a resource for the NDEB provided that it is in concert with the views of the CDA. The CSA does not wish to conflict with CDA's views on this issue.

10. CDSPI

It was noted that CDSPI was disappointed with the low participation rate of new graduates in the graduate insurance plan. Members discussed how to better promote the plan and offered a number of suggestions to Mr. Cyril Gallant to improve enrolment in 1990.

11. Stress Survey

The stress survey which was originally developed by ACFD is to be carried out on a regular basis now (i.e. every 3 to 4 years) to allow a comparison of results and to analyze change in stressful factors within the dental faculties. Representatives will coordinate the survey in their respective schools and forward the results to ACFD for tabulation and compilation.

Summary

On behalf of the Committee on Student Affairs, I would like to express appreciation for the guidance and support of our Executive Liaison, Dr. Ron Smith, our Coordinator, Linda Teteruck and our Secretary, Mrs. Win Mobley.

On behalf of all Canadian Dental Students, I would also like to express appreciation to CDA for its ongoing support and encouragement.

Respectfully submitted,

W. Keven Hockley
Chairman, CSA

FILING OF REPORT

The Board of Governors accepts the report of the Student Affairs Committee with appreciation.

TAXATION COMMITTEE

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Robert N. Hicks, Chairman, West Vancouver
Dr. Elizabeth MacSween, Ottawa

Executive

Liaison: Dr. Les Allen, Winnipeg

Coordinator: Mrs. Sandra Deziel

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Goods and Services Tax

Draft legislation proposed for the Goods and Services Tax was released on October 13, 1989. Since that time, the Minister of Finance has stated that the rate of tax will be 7% instead of the original 9%. If the government is able to follow its planned path, the tax should be in effect January 1, 1991.

With respect to dental services, the draft legislation refers to health care services as "exempt supplies". Schedule I - exempt supplies, part II health care services identifies exempt dental services as follows:

"3. All of the following supplies of services where the service is medically necessary for the purpose of maintaining the health, preventing disease in, or diagnosing or treating injury, illness or disability of an individual:

(a) A supply made by a medical practitioner of a service, other than elective cosmetic surgery or an elective cosmetic dental service;"

The proposed legislation states that the words "medical practitioner" means a person entitled under the laws of a province to practise the profession of medicine or dentistry.

In its attempt to be brief, the proposed draft legislation leaves certain areas affecting dental services open to interpretation. For example, "maintaining the health... of an individual" is assumed to include maintaining the dental and/or oral health of the individual. This interpretation will become the responsibility of Revenue Canada.

At the present time, the Taxation Committee is contacting both Department of Finance officials and Revenue Canada officials to obtain clarification and intent prior to the implementation of the G.S.T. One other area of concern is the exemption from tax of continuing education courses by universities or regulatory bodies with no mention of exemption if the courses are provided by professional associations.

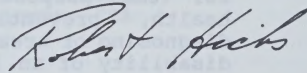
Unfortunately, answers to these questions are not available at the time of writing this report. A further report will be available at the Interim Board Meeting.

2. **Taxation Seminars**

A successful one day Tax Seminar was presented in St. John's, Newfoundland on November 24, 1989. Approximately forty participants took part in the Seminar.

The next Seminar will take place in Vancouver, B.C. on Friday, March 2, 1990. Mr. Ron Walsh, C.A. will co-chair this Seminar with Dr. Robert Hicks, CDA Taxation Committee Chairman.

Respectfully submitted,



Robert N. Hicks, D.D.S., M.S.
Chairman, Taxation Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Taxation Committee as information.

THIRD PARTY DENTAL PLANS COMMITTEE

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Toby Gushue, Chairman, St. John's
Dr. Bernie Dolansky, Ottawa
Dr. Don Gutkin, Winnipeg
Dr. Larry Rossoff, Richmond

Executive Liaison: Dr. Bernie Dolansky, Ottawa

Coordinator: Ms. Susan Matheson

1. Committee Meeting

The Third Party Dental Plans Committee has met twice since the report to the 1989 Annual Meeting; September 23 & 24 and December 8 & 9, 1989.

2. Liaison Activities

Dr. Gushue spoke at the Eckler Partners Healthcare Mini-Conference, October 3, 1989 in Toronto and at the meeting of the Canadian Association of Dental Consultants on October 20, 1989 in Montreal.

Dr. Dolansky, attended the Policy Workshop on Capitation in Dentistry on September 8, 1989 in Hamilton, Ontario.

Dr. Don Gutkin was interviewed by the Journal editor, Dr. Crawford, regarding the implementation of the Uniform System of Coding and List of Services. This article appeared in the November Journal.

The Committee met on December 8 with representatives from the Canadian Life and Health Insurance Association Inc. (CLHIA) to discuss issues of mutual concern.

ITEMS REQUIRING BOARD ACTION

3. 1990 Shared Concerns Conference

APPENDIX I

Building on the success of the previous conferences, the Committee feels that a 1990 conference should be held, probably in Toronto, in October. Although the conference has

received very positive reviews from the insurance industry, CLHIA will not be able to assist in funding a 1990 conference. The Committee will attempt to seek outside funding and will raise the registration fee significantly to fully fund the conference.

RESOLVED:

- 90.30 That the CDA, through its Third Party Dental Plans Committee, sponsor a 1990 Shared Concerns Conference.

WITHDRAWN

4. Uniform System of Coding and List of Services

APPENDIX II

The final version of the Uniform System of Coding and List of Services was distributed to all provincial/corporate bodies and all insurance carriers during the Fall of 1989. All provinces with the exception of Quebec have incorporated the new codes into their 1990 fee guides.

RESOLVED:

- 90.31 THAT the revisions to the Uniform System of Coding be accepted.

WITHDRAWN

5. Unique Identification Number

APPENDIX III & IV

The CDA has received a request from an insurance company for the release of the Unique Identity Numbers of CDA. The Numbering System is a joint collaboration between the CDA and the provincial organizations and the Committee feels that the numbers should not be released without provincial consent. Since the identification number appears on the standard dental claim forms submitted to the insurance companies, the insurer can access the numbers from that source.

RESOLVED:

- 90.32 THAT the Unique Identification Numbers not be released by the CDA.

ADOPTED

Because some dentists practice in more than one location, it is necessary to have a method to identify various practice locations.

RESOLVED:

APPENDIX IV

- 90.33 THAT the present 9-digit Unique Identification Number be given a 2-digit suffix which will be used to identify different practice locations for the same practitioner.

ADOPTED

6. EDI Sub-Committee

APPENDIX V

The EDI Sub-Committee report is appended.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

7. Standard Dental Claim Form

The Committee has become aware that some insurance companies have printed claim forms which do not comply with the CDA Standard Form. Since the Standard Dental Claim Form is the copyright of the CDA, the Committee has informed all Third Party carriers that the CDA logo must not appear on any claim form that has not been approved by the CDA Board of Governors.

8. 1989 Convention - Vancouver

Members of the Third Party Committee, DID National Contact Dentist, Dr. Peter Edmison, Pat Duminy, and Susan Matheson worked at the CDA convention booth to provide information on EDI and Third Party activities.

9. Consumers Guide to Dental Care

The Committee will be revising this booklet taking into consideration the recommended changes received from various sources. It will then be forwarded to the Publications Department of CDA for marketing.

10. Dialogue In Dentistry

DID participated in the Shared Concerns Conference II, September 21 & 22, 1989 with Dr. Peter Edmison as one of the main speakers on Thursday September 21.

Contact was made with CLHIA through Irene Klatt at this conference and it is planned to follow up on this contact by correspondence with CLHIA on a continuing basis.

The Consumers Guide to Dental Care will be reviewed and then reprinted with the addition of the DID address and an explanation of DID services.

Work continues on the Contact Dentist PR Kit. This will provide the contact dentist with all necessary information to make presentations to service clubs, business clubs, etc.

A cost containment package is being prepared for businesses. It will explain how dental insurance plans work and how to control costs.

The Anti-cap program is being refined to allow a selected mailing to dentists in an area of capitation activity.

Articles in the Communique continue, the latest in the December 89 issue.

DID will participate in the Academy of Dentistry Winter Clinic in association with ODA or CDA.

11. Appreciation

I want to thank the members of the Committee for their efforts towards making the activities of the Committee a success and I want to particularly thank our support staff at CDA, Brian Henderson, Susan Matheson, and Pat Duminy.

Respectfully submitted,

Toby Gushue, D.D.S.
Chairman, Third Party Committee

FILING OF REPORT

The Board of Governors accepts the report of the Third Party Dental Plans Committee inclusive of the report of the EDI Sub-Committee with appreciation.

**THIRD PARTY COMMITTEE
SHARED CONCERNS CONFERENCE REPORT**

The CDA Third Party Committee's Conference, Dental Plans - Our Shared Concerns II, was held in Toronto on September 21 & 22, 1989.

The attendance was 130. Ninety-two representatives were from the insurance companies, benefit consultants, dental consultants, etc. Most of the remainder represented the dental licensing and corporate bodies, while at least two attendees were providers of services to dentistry.

The agenda included panel presentations on Plan Design and the definition of "proof of loss", followed by questions to the panel, then small group discussions. The group discussions provided an open forum for all participants to frankly discuss their mutual concerns. Also included in the agenda were presentations on Dialogue in Dentistry, the new procedure codes, and EDI.

The Conference evaluations indicated that participants felt that the two days were extremely beneficial and generally recommended that the Conference should be an annual event.

The Committee will attempt to seek outside funding and will significantly raise the registration fee to operate the Conference on a cost recovery basis.

- 32300 PULPECTOMY (used in an emergency situation when the root canal therapy is not completed by the same dentist)
- 32310 Pulpectomy, Permanent Teeth / Retained Primary Tooth
- 32311 One Canal
 - 32312 Two Canals
 - 32313 Three Canals
 - 32314 Four Canals
- 33100 ROOT CANALS, PERMANENT TEETH / RETAINED PRIMARY TEETH
(Includes: Clinical procedures with appropriate radiographs, follow up care excluding final restoration, except for one surface access opening (optional))
- Definitions:
- Uncomplicated - Virtually straight canal, easily penetrated by a size #15 file
 - Difficult Access - Limited jaw opening, unfavorable tooth inclination
 - Exceptional Anatomy - Canal size same as uncomplicated, but made complicated by virtue of shape and anatomy eg. dilacerated, s-shaped, arborized, taurodont, dens-in-dente, etc.
 - Calcified Canals - Unable to penetrate with size #10 file and not clearly discernable on a radiograph
 - Retreatment - Retreatment of previously completed therapy
 - Continuing Treatment - Treatment having been aborted by referring/previous dentist due to blocked canals, ledged canals, zipped canals, separated instruments, perforation, etc.
- 33110 Root Canals, Permanent Teeth, One Canal
- 33111 Uncomplicated with Normal Access
 - 33112 Uncomplicated with Difficult Access
 - 33113 Exceptional Anatomy
 - 33114 Calcified Canal
 - 33115 Retreatment of Previously Completed Therapy
 - 33116 Continuing Treatment having been Aborted by Referring/Previous Dentist

- 33120 Root Canals, Permanent Teeth, Two Canals
- 33121 Uncomplicated with Normal Access
 - 33122 Uncomplicated with Difficult Access
 - 33123 Exceptional Anatomy
 - 33124 Calcified Canals
 - 33125 Retreatment of Previously Completed Therapy
 - 33126 Continuing Treatment having been Aborted by Referring/Previous Dentist
- 33130 Root Canals, Permanent Teeth, Three Canals
- 33131 Uncomplicated with Normal Access
 - 33132 Uncomplicated with Difficult Access
 - 33133 Exceptional Anatomy
 - 33134 Calcified Canals
 - 33135 Retreatment of Previously Completed Therapy
 - 33136 Continuing Treatment having been Aborted by Referring/Previous Dentist
- 33140 Root Canals, Permanent Teeth, Four or More Canals
- 33141 Uncomplicated with Normal Access
 - 33142 Uncomplicated with Difficult Access
 - 33143 Exceptional Anatomy
 - 33144 Calcified Canals
 - 33145 Retreatment of Previously Completed Therapy
 - 33146 Continuing Treatment having been Aborted by Referring/Previous Dentist

SURGICAL ENDODONTIC SECTION

34000 PERIAPICAL SERVICES

34100 APICCECTOMY/APICAL CURETTAGE, SEPARATE PROCEDURE

34110 One Canal

- 34111 Uncomplicated
- 34112 Complicated by Previous Surgery or by Anatomical and/or Pathological Conditions

34120 Two Canals

- 34121 Uncomplicated
- 34122 Complicated by Previous Surgery or by Anatomical and/or Pathological Conditions

34130 Three Canals

- 34131 Uncomplicated
- 34132 Complicated by Previous Surgery or by Anatomical and/or Pathological Conditions

34140 Four or More Canals

34141 Uncomplicated

34142 Complicated by Previous Surgery or by Anatomical
and/or Pathological Conditions

34200 APICOECTOMY/APICAL CURETTAGE PERFORMED IN CONJUNCTION WITH
ENDODONTIC OBTURATION

34210 One Canal

34211 Uncomplicated

34212 Complicated by Previous Surgery or by Anatomical
and/or Pathological Conditions

34220 Two Canals

34221 Uncomplicated

34222 Complicated by Previous Surgery or by Anatomical
and/or Pathological Conditions

34230 Three Canals

34231 Uncomplicated

34232 Complicated by Previous Surgery or by Anatomical
and/or Pathological Conditions

34240 Four or More Canals

34241 Uncomplicated

34242 Complicated by Previous Surgery or by Anatomical
and/or Pathological Conditions

34300 RETROFILLING (as a separate procedure) PERFORMED IN CONJUNCTION
WITH 34100 AND 34200

34310 One Canal

34311 Uncomplicated

34312 Complicated by Previous Surgery or by Anatomical
and/or Pathological Conditions

34320 Two Canals

34321 Uncomplicated

34322 Complicated by Previous Surgery or by Anatomical
and/or Pathological Conditions

34330 Three Canals

34331 Uncomplicated

34332 Complicated by Previous Surgery or by Anatomical
and/or Pathological Conditions

34340 Four or More Canals

34341 Uncomplicated

34342 Complicated by Previous Surgery or by Anatomical
and/or Pathological Conditions

25770 Posts, Fabrication, Temporary Placement

25771 Per Post + E

Orthodontic extrusion to place defect supragingival seems to fall under the following:

81160 Appliances, Removable, Mechanical Eruption Tooth/Teeth

81163 Appliance, Maxillary, Erupted + L

81164 Appliance, Mandibular, Erupted + L

or

81290 Appliances, Fixed, Mechanical Eruption of Tooth/Teeth

81293 Appliance, Maxillary, Erupted + L

81294 Appliance, Mandibular, Erupted + L

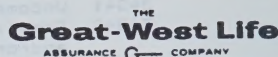
Pulp Cap (for BC only)

20140 Pulp Capping, Direct, Performed at the Same Appointment as
the Permanent Restoration

20141 First tooth

20149 Each additional tooth same quadrant

These codes are set up at the present time, with code numbers ~~4~~ already in use in the USC and LS. The codes listed above for the January 1, 1990 implementation of the USC and LS will be for the specialists use only. When the first revisions of 1990 are examined the USC and LS will then incorporate these codes in substitution of the ones presently being implemented. After that point the above codes will be used in the USC and LS nationally.



July 19, 1989

100 Osborne Street North
Winnipeg, Canada
R3C 3A5
(204) 946-1190

Mr. Jardine Nielson
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Mr. Nielson:

In a recent conversation, Don McFarlane recommended that we contact you regarding the availability of a listing of your association's members. Don asked that we explain why we are requesting the list and clarify how we will use the information.

Great-West Life is currently developing a dental practice profiling system using the service information contained in our claims payment database. The most important requirement of this system is the accuracy with which providers are identified. We think the use of your nine digit numbering system is the most efficient way for achieving the needed accuracy.

As I understand it, your registration file contains information which is not relevant to profiling and could be considered confidential. Please be assured that should you agree to supply us with the data, it will only be used for practice profiling based on information internal to Great-West Life. As well, I recommend that the extraneous data such as date of birth, university of graduation, and length of membership be excluded. Specifically, the information we are requesting includes the practitioner's identification number, name, address, telephone number and specialty.

As a related yet separate issue, Dr. McFarlane indicated that some provinces have not registered their numbers with your association. This appears to indicate that unique CDA numbers have not been assigned to all Canadian dental practitioners. Kindly confirm if this is correct and let us know which provinces or territories are effected.

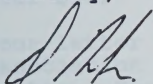
....2

Mr. Jardine Nielson
July 19, 1989
Page 2

At your convenience, we ask that you confirm that the information will be made available to us. There are several details such as the format of the list, reimbursement for costs and communication of updates which can be sorted out following your approval. If you have any concerns or questions, please call me at (204)946-7586.

Thanks in advance for your cooperation.

Sincerely,



Mr. Don L. Maskiw
Associate Manager
Group Benefit Policy

DLM:lkcm

cc: Don McFarlane, D.M.D.
Chairman
Third Party Dental Plans Committee
C.D.A.

0266W



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE EXECUTIVE DIRECTOR / CABINET DU DIRECTEUR GÉNÉRAL

August 16, 1989

Mr. Don L. Maskiw
Associate Manager
Group Benefit Policy
Great West Life Assurance Company
100 Osborne Street North
Winnipeg, Manitoba
R3C 3A5

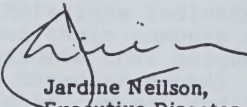
Dear Mr. Maskiw:

I have spent some time verifying the feasibility of the CDA's Unique I.D. Number being used by Great West Life in its dental practise profiling project.

While your offer to share this profiling information is appreciated, the CDA cannot allow the use of its Unique I.D. Number at this time for this purpose. There are various implications inherent in this project that would require CDA to submit it to our Third Party Committee for its recommendation. However, the main problem is that both the Third Party Dental Plans Committee and the Membership Committee are working on amending the Unique Identification Number System for the Canadian Dental Association.

As this amending project proceeds, I will continue to keep you informed.

Sincerely yours,


Jardine Neilson,
Executive Director

c.c. Coordinator, Third Party Dental Plans Committee
Coordinator, Membership Committee

/sfb

316

THE
Great-West Life
ASSURANCE COMPANY

October 18, 1989

100 Osborne Street North
Winnipeg, Canada
R3C 3A5

(204) 946-1190

Jardine Neilson
Executive Director
Canadian Dental Assoc.
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

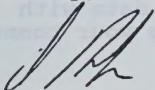
Dear Sir:

Your letter of August 16 briefly explained why your association cannot allow use of its identification numbering system. For your information, I discussed this matter with Dr. McFarlane and Dr. Gushue at the recent Shared Concerns conference.

I think it is important that any confusion regarding how Great-West Life will use these numbers be clarified. Our purpose is solely limited to accurate identification to assist in internal auditing.

I do hope this assurance is helpful. We ask that you reconsider your position. Thank you for taking the time to respond to our requests.

Sincerely,



Mr. Don L. Maskiw
Associate Manager
Group Benefit Policy

DLM:lkmp

cc: Dr. T. Gushue
Chairman
Third Party Dental Plans Committee

Dr. Ross McIntyre
President
Manitoba Dental Association

0513W

November 2, 1989

100 Osborne Street North
Winnipeg, Canada
R3C 3A5
(204) 946-1190

Toby Gushue, D.D.S.
Chairman
Third Party Dental Plans Committee
Canadian Dental Association
1815 Promenade Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Dr. Gushue:

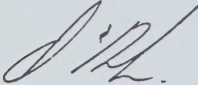
Our apologies for the delay, but you will find enclosed our cheque representing payment for the 1989 Shared Concerns Conference's cocktail party. Thank you for providing Great-West Life with the opportunity to contribute to the Conference's success.

We look forward to the continuation of efforts such as "Shared Concerns", which are so obviously beneficial in improving insurance industry - dental association relationships.

Also, I would like to take this opportunity to follow-up on previous correspondence with Jardine Neilson and our brief conversation at the conference. Specifically, I was wondering if any decisions had been made regarding the sharing of the CDA's identification numbering data with Great-West Life. I would appreciate receiving your comments on the status of our request.

I look forward to hearing from you.

Sincerely,



Mr. Don L. Maskiw
Associate Manager
Group Benefit Policy

DLM:1km
Enclos.

0620W

CDA NINE DIGIT NUMBERING SYSTEM

Over the years, a Nine Digit Numbering System has been developed by CDA, through its Council on Health Care and, more recently, the Third Party Dental Plans Committee. This numbering system has been developed for use in Dental Claim Forms.

The first two digits are allocated to identify the individual provinces, numbered as follows:

Newfoundland	01
Prince Edward Island	02
Nova Scotia	03
New Brunswick	04
Quebec	05
Ontario	06
Manitoba	07
Saskatchewan	08
Alberta	09
British Columbia	10
Northwest Territories	11
Yukon Territories	12

If the dentist is incorporated, 50 should be added to the provincial number — i.e., an incorporated dentist in the

province of B.C. would have 60 as the provincial designation.

The next five numbers are allocated at the discretion of the corporate or licensing bodies and usually constitute the dentist's licence number.

The eighth number is used for specialty classification, as follows:

0	General Practitioner
1	Public Health Dentist
2	Endodontist
3	Oral Pathologist
4	Oral Surgeon
5	Orthodontist
6	Pedodontist
7	Periodontist
8	Radiologist
9	Prosthodontist

The ninth number is for member classification, to be assigned by the provincial association.

When a dentist moves to another province, a new number is assigned.

EDI SUB-COMMITTEE

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Bernie Dolansky, Chairman, Ottawa
 Dr. Toby Gushue, St. John's
 Dr. Don Gutkin, Winnipeg
 Dr. Don MacFarlane, Vancouver

Executive

Liaison: Dr. Bernie Dolansky, Ottawa

Coordinator: Ms. Susan Matheson

1. Committee Meetings

The EDI Sub-Committee meetings scheduled since the Annual Report are:

June	5/6	Technical Meeting
	15/16	Technical Meeting
July	4	Joint Meeting
August	14/15	Technical Meeting
	21	Joint Meeting
September	13/14	Joint Meeting
	21	Joint Meeting
October	2	Journal Interview
	4	Meeting with Greenshields
	10	Legal Meeting
	16	Joint Meeting
	26	CDA/ODA Joint Management
Meeting		Meeting with SHNS
November	2	Joint Meeting & CLHIA Conference
	10	Canadian Institute of Actuaries
		Meeting, Montreal
	15	Joint Meeting
	17	Vendors Meeting
	19	Meeting with Manifest
	21	Meeting with Peter Peterson, NDC
	25	Meeting with Gary Coughlin, NDC
December	1	ODA Board Meeting
	4	Meeting with Manifest
	5	Technical Meeting
	6	Meeting with SHNS
	8	Joint Meeting
	11	Joint Meeting
	16	Meeting with CDA Management
January	12	CDA/ODA Management Meeting
	16	ACE Meeting Ottawa
	17	SHNS Meeting Toronto

The EDI Sub-Committee held the following conference calls:

- June 29
- August 14
- October 5
- November 3
- November 15
- November 20
- December 3 with CDA Management
- December 4
- December 7 with Exan
- January 8
- January 21

ITEMS REQUIRING BOARD ACTION

2. Marketing Plan

APPENDIX A

Manifest Communication has developed a detailed and extensive Marketing Plan for EDI to be implemented in 1990.

RESOLVED:

- 90.34 THAT the Marketing Plan for EDI be approved.

ADOPTED

The Board of Governors accepts in principle the Marketing Plan for EDI and awaits budgetary proposals from the EDI Sub-Committee.

3. Legal Agreements

APPENDIX B

The final draft copies of the Provincial Agreements, Dentist Participation Agreement and the Joint-Venture Agreement have been circulated to the provinces for comments in January 1990. The first drafts were circulated for comment in October 1989.

RESOLVED:

- 90.35 THAT the Legal Agreements be accepted pending specific negotiations with each corporate member.

ADOPTED

NOTE: The legal agreements were not available for Executive Council to review at its Pre-Board meeting.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. 1989 CDA Convention - Vancouver

The EDI Sub-Committee members provided a "hands on" EDI demonstration at the CDA booth in Vancouver. The reaction from dentists, office staff and dental supply companies was very positive; the question "When will it be ready" was asked repeatedly. EDI demonstrations were also conducted at the following major dental meetings: Greater Vancouver Dental Meeting, Vancouver; Winter Clinic, Toronto; and the Manitoba Dental Association Meeting.

5. Implementation Plan

APPENDIX C

The Implementation Plan for EDI is appended for information.

6. ODA Correspondence

APPENDIX D

This correspondence is appended for your information.

Respectfully submitted,

Bernard Dolansky, B.A., D.D.S., M.Sc.
Chairman, EDI Sub-Committee

CDAnet

MARKETING PLAN

Presented to
 EDI Sub-Committee
 Management Committee
 Canadian Dental Association
 by
 Manifest Communications

December 1, 1989

RESEARCH AND CONSULTATION

The preparation of this marketing plan has been influenced by a large number of individuals and organizations. To gain background knowledge on electronic data interchange, to obtain a clearer picture of the CDAnet marketplace, and to develop a marketing plan that works, we have done the following:

- We conducted a thorough literature search on the use of computers in dental practice, using the resources of the CDA Library.
- We met with key influencers in the marketplace, including National Data Corporation, Shared Health Network Systems, and GSA and JNL Consulting firms.
- We attended a meeting of all potential computer suppliers, and subsequently conducted a survey of the majority of these companies.
- We consulted with representatives of provincial dental associations, and with key individuals at CDA.

We are grateful to the following individuals and organizations for their cooperation in the preparation of this marketing plan:

Dr. Bernie Dolansky, EDI Sub-Committee
Toby Gushue, EDI Sub-Committee
Les Allen, CDA Executive Council
Joel Neal, CDA staff
Susan Matheson, CDA staff
Martha Vaughan, CDA staff

Dr. Gary MacDonald, Newfoundland Dental Association
Don Pamerter, Nova Scotia Dental Association
Dr. Brian Barrett, Dental Association of PEI
Bill Glave, Ontario Dental Association
Mike Killoran, Ontario Dental Association
Karen Lutley, Ontario Dental Association
Ross McIntyre, Manitoba Dental Association
Dr. George Peacock, College of Dental Surgeons of Saskatchewan
Dr. Bruno Martinello, Alberta Dental Association
Dr. Roy Thordarson, College of Dental Surgeons of B.C.

Garry Caughlin, National Data Corporation
Steve Berriault, National Data Corporation

George Blake, Shared Health Network Systems
Ron Reynolds, Shared Health Network Systems
Anne Belford, Shared Health Network Systems
Joel Alleyne, GSA Consulting
Roy Rennicks, JNL-EFT Consulting Services

Arun Rele, Abel Computers Ltd.
P. Oldale, ACT Medical Systems
Chris Peck, Alpha Bytes
Bob Hope, Autopia Computer Products Inc.
Kingsley Butler, CDSPI
Ross MacKillop, Domtrack Systems Limited
Arthur Arkin, Maxim Computer Systems
Kal Pukala, MS80 Microcomputer Programming
Richard Gooderham, National Business Systems
Ken Hunt, Zadall Systems Group Ltd.
Terry McLoughlin, Zavitz Technology Inc.

INTRODUCTION

Over the next few days, the fate of CDAnet hangs in the balance. Out of the multitude of agendas held by the players, out of all the negotiations to date, there is for now only one reality: there is a presentation to the Shared Health Network group of carriers next week, and we have to emerge as winners. We must get Shared Health group and their carriers on board with CDAnet. The entire focus of this meeting – the win or lose factor – is the marketing plan.

The Shared Health group wants the answers to two questions:

Can the CDA deliver a sound marketing plan?

Is that plan worth a 15 cents-per-claim royalty?

If the Shared Health group does not agree to 15 cents or close to it, the financial viability of CDAnet, for both the CDA and provincial associations, will be severely undermined.

No deal with the Shared Health group means no ODA involvement in CDAnet, because the participation of the Shared Health group is a condition of CDA participation. No ODA participation means the loss of 50% of the dental claims market. It also means a marketplace in which CDA will compete not only with the Shared Health group (who will operate independently), but with the ODA - therefore severely fragmenting organized dentistry.

This marketing plan is designed to give the answers the Shared Health group requires, secure Shared Health group's participation in CDAnet at a royalty-per-claim level that is viable, and retain the involvement of the ODA in CDAnet.

The following plan is geared to achieving the specific goals CDA has guaranteed to the participating insurance carriers. It is designed to work as a national strategy, with CDA providing leadership and resources, with the provinces acting as collaborative partners. It is economically sound: it

balances revenue and expenses in year one when the risk is highest, and shows a very positive return for dentistry by the end of year three.

We believe that this plan will work. It brings dentists into CDAnet. It balances the various interests of the key players. It manages CDA's resources efficiently. And it coordinates, to the greatest extent possible, the efforts of each player in the marketplace.

The plan is built on a sound understanding of the market:

- the factors that will influence dentists' decisions to participate in CDAnet
- the geographic segments of the country which will generate the greatest and fastest return on the marketing investment
- the forces that will move the market as quickly and efficiently as possible toward the targets.

It is also built on a sound understanding of the marketplace:

- the players: the networks, the insurance carriers, the computer suppliers, and the provincial associations
- their goals, interests and concerns
- the resources and commitments they can bring to CDAnet
- their plans for CDAnet
- their expectations of CDA's role and performance.

CDA's appropriate and natural role, and the one which is expected of it by all the players, is leadership. Only CDA can deliver a single marketing effort that is clear, unified and comprehensive. Only CDA is able to position itself clearly and firmly on the side of the dentist, answering his questions, allaying his fears, and motivating his participation in CDAnet.

This document is a draft, intended for the members of CDA's EDI Sub-Committee and Management Committee; it is not a final product. Based on their review and comments, a final paper and presentation will be prepared for the meeting with Shared Health group on December 6.

ISSUES AND CHALLENGES

What is CDA committed to do?

CDA has guaranteed to insurance carriers, to ACE, to ACE's member carriers, to NDC, to Shared Health, to the Shared Health group of carriers, and to computer suppliers, that CDAnet will achieve the following:

- 12% of insurance claims in the participating carriers in the participating provinces in Year One
- 25% in Year Two
- 50% in Year Three

CDA has tied these results to the CDAnet marketing plan, and it has committed to using the royalty revenue from claims transactions to support that marketing plan.

Will CDAnet sell itself?

The answer to this question depends on three factors: the level and type of awareness of CDAnet among dentists, the level of marketing efforts to which the CDA originally committed itself, and the degree to which the provinces can play a marketing role

Our research indicates that overall, awareness of CDAnet among CDA members and dentistry in general is low to non-existent. The exception is those few dentists who are actively involved in CDAnet at the national and/or provincial level. In addition, there is a significant minority, largely in the critical Toronto/Ontario market, who are misinformed, misdirected, and vocal about their concerns. While CDAnet enthusiasts are working hard to increase awareness of the program, this vocal minority threatens to mitigate their positive effects.

Originally, CDA's own marketing plans for CDAnet were limited to the provision of information and selected demonstrations, with the expectation that others in the marketplace would also carry the ball. To date, CDA has conducted an information campaign designed to educate dentists about the

benefits of CDAnet, and to "prime the pump" in anticipation of the program's launch. This approach is not well suited to a program about which there is little awareness in the market.

Research also tells us that the provinces are committed in principle, but eight of nine provinces have not developed marketing strategies, have not committed resources, and will not, on their own, be up to speed in the critical launch phase of the program. Ontario has the greatest commitment to marketing, but it too is looking to CDA to play a partnership role. Equally important, the provinces are all expecting CDA to provide direction and access to marketing tools/resources to support their efforts.

With these realities in mind, CDA recognizes that it must be committed to a marketing program that is larger and more comprehensive than was originally planned. The situation with the Shared Health group notwithstanding, a major marketing commitment from the CDA is both necessary and appropriate.

Can't the computer suppliers sell CDAnet to the dentists?

CDA's initial inclination was to rely heavily on the computer suppliers to sell CDAnet to dentistry. Unquestionably, these suppliers have a vital role to play in the process. Certified computer suppliers can promote CDAnet, provide access to the technology necessary to run it, and act as partners in the marketing of CDAnet and computerization in the dental office. Even so, research with suppliers tells us that it is unwise, and even inappropriate, for the suppliers to act as CDA's agents. The primary business interest of the suppliers is selling their own computer technology, and not necessarily CDAnet. CDAnet will always be secondary to their prime business concerns. Case in point: the most receptive market to CDAnet is dentists who are already computerized. On the other hand, computer suppliers have been unanimous in their intent to target their efforts at dentists who do not have computers. In the critical early stages of the marketing program, CDA and the suppliers do not share the same marketing agenda.

How do the major players see the marketplace?

The key players in the CDAnet marketplace are:

- two data management companies
- eighteen or more insurance carriers, currently organized into two groups
- over a dozen active computer suppliers

Electronic claims processing is in its infancy. The marketplace is full of aggressive entrepreneurs. Each in turn sees the potential competitive advantage of CDAnet to their marketing efforts. The problem is that all players will be entering the market simultaneously, and each will be directly or indirectly targeting the dentist as a focus of their marketing efforts. The two networks are competing for insurance carriers, and are also inclined to compete for dentists in the lucrative field of value-added. Each computer systems vendor wants to sell their product to more dentists than anyone else. They will each offer different approaches to computerizing the dental practice and accessing CDAnet, in an effort to get an angle over their competitors. Each insurance carrier wants to use electronic claims processing as a selling feature for their dental benefit plans. This marketplace is volatile, and the result could be an aggressive and bewildering hard sell directed at the dentists.

What are the players' specific concerns?

Without exception the key players in the CDAnet marketplace are perfectly aware of the potentially chaotic competition which could develop. They are also aware that in that scenario the chances of winning the dentists over are slim indeed.

Some of the major issues the data networks are concerned about:

- marketing CDAnet to the dentist: too many competing messages.
- value-added: how will these be marketed to the dentist in the future?
- the rate of market penetration of CDAnet: how many connections, on what timetable?

- the performance of the software suppliers in the marketplace: are they qualified to pitch CDAnet, are they solid companies, what kind of systems are they promoting?

Some of the major issues the insurance carriers are concerned about:

- access to necessary data
- how will dentistry police itself with the new electronic claims system? Will dentistry be co-operative, supporting solutions such as profiling, or will it be hostile?
- how to avoid an all-out fight between the networks, which would take place in the dentist's office?
- marketing CDAnet to the dentist:(see above)
- the rate of market penetration of CDAnet: (see above)
- the performance of the software suppliers in the marketplace: (see above)

Some of the major issues the software vendors are concerned about:

- the certification process: will they have to certify twice, once with each network, or will the criteria be standardized?
- marketing CDAnet to the dentist: if organized dentistry undertakes to do it, will it be impartial, will it refrain from endorsing one system over another?

What are the implications for CDA's marketing program?

A single word: leadership.

What does CDA leadership entail?

Direction. Education. Communication. Mediation. Responsibility. CDA leadership is essential for the market and it is required by the marketplace if CDAnet is to achieve its goals. That leadership manifests itself in CDA's national marketing program.

CDA leadership can be divided into two categories: leadership in the market, and leadership in the marketplace.

How can the CDA lead in the market?

The market for CDAnet is licensed dentists in Canada. The dentists must learn how CDAnet works, understand its benefits clearly, become motivated to use it, and take the necessary steps to implement it in their offices.

Only the CDA can communicate with, inform, educate and advise dentists about CDAnet impartially, and with their best interests as the only criterion. Only the CDA has the vision of what CDAnet will look like and what it can do for the dental profession once in place. CDA leadership and control over the marketing strategy and process is therefore the only way to ensure the interest, confidence and commitment of dentists in CDAnet.

The networks, insurance carriers and computer vendors know this is true, and are counting on CDA leadership in the marketing process. This is why the carriers will be paying a royalty-per-claim to the CDA.

The provincial organizations outside Ontario know this is true, and are waiting for the CDA to take the lead. The ODA has *challenged* the CDA to take the lead.

How can the CDA lead the marketplace?

The CDA enjoys credibility among all the players in the marketplace because of its impartiality among them. Because of this the CDA can take a leadership role in addressing many of the marketplace issues. It can do this by:

- keeping its channels of communication open to all the players
- providing a fair hearing for every perspective
- enforcing uniform standards of conduct and uniform specifications of performance among all the players without unduly interfering with the market process
- relying as much as possible on its own staff and resources in the marketing and communication program.

Some of the specific issues in which the CDA can assume this role are:

- certification of software vendors
- network co-operation in the marketing of CDAnet, including co-sponsorship of marketing ventures
- value-added services offered by the networks
- control and flow of data
- profiling

The CDA's leadership role in these and other marketplace issues is essentially one of consultation and mediation, rather than outright control.

In addition, CDA will maximize the coherence of all marketing efforts through joint-venture sponsorship, by training dentists to sell CDAnet to dentists, and by coordinating and collaborating with the individual marketing efforts of other players. CDA will ensure, to the greatest degree possible, that there is only one marketing program for CDAnet, and that it is CDA's.

What are leadership's rewards?

The most obvious reward of CDA leadership will be the success of CDAnet, and the knowledge that the CDA served the best interests of its members and its profession. CDA leadership at this stage also means the ability to influence and to an extent control the operation of the networks, and the data which will accrue to them. Control over this data will enable the CDA and organized dentistry to police and monitor itself, and to maintain an ongoing profile of the profession. Finally, leadership means that the CDA stands to earn a substantial revenue from the transmission of claims.

CDAnet MARKET PROFILE

The market for CDAnet is the dentists of Canada

There are 13,473 licensed dentists in Canada as of September 1989. Given that Quebec is not currently involved in CDAnet, the immediate market is 10,330 licensed dentists. The secondary market is 2000 dental students.

Ontario dentists process the largest share of dental claims

Ontario represents an estimated 50-60% of dental claims in Canada. The other eight participating provinces account for an estimated 15-20%. Approximately 20-25% of claims are processed in Quebec.

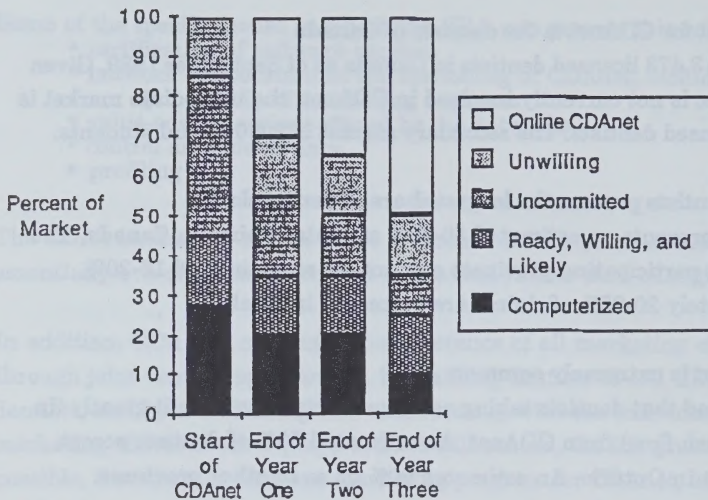
Assignment is extremely common

It is accepted that dentists taking assignment stand to benefit greatly (in terms of cash flow) from CDAnet. An estimated 50% of dentists accept assignment in Ontario. An estimated 90% do so in other provinces.

Levels of dental practice computerization are higher than previously believed...and growing

For the computerized practice, the cost of entry into CDAnet will be negligible. For those considering computerization, CDAnet will be a significant factor. Research indicates that overall, approximately 27% of dental offices are now computerized. An additional 10-15% are ready, willing, and likely to computerize within the first full year of CDAnet operation. The balance of the market is either uncommitted to computerization or unwilling to consider it at this time. Even without the introduction of CDAnet, all indications are that this trend toward computerization will continue. The following chart indicates the movement of the market segments over the first three years of CDAnet:

CDAnet Market Segments



The Targeting Matrix

The marketing plan for CDAnet is a national campaign, which is directed at dentistry throughout the country. Even so, research suggests that CDA will get more bang for the marketing buck in certain regions. In the first three years, CDA will devote special marketing efforts to a matrix of three factors:

Areas of High Claim Volume: Ontario is the number one market, representing 50-60% of dental claims. B.C. and Alberta are also important high claims volume areas.

Levels of Computerization: Ontario, B.C., Alberta, and Saskatchewan are prime markets.

Market Share of Participating Insurance Carriers: Ontario is the highest priority, due to its high level of claims volume. B.C. will be important as well if one of the major players in that province comes on board.

Further analysis on all of these variables will refine the targeting effort.

CDAnet MARKETING PLAN OBJECTIVES

The overriding goal of the CDAnet marketing plan is to connect dentists to CDAnet. To achieve that goal, we will focus, in the next three years, on the following marketing objectives:

- Position CDAnet as the only appropriate dental claims network, and as dentistry's electronic communication network.
- Build and sustain awareness and motivation on the part of dentists and the dental office team.
- Inform and advise dentists about selecting the necessary computer technology for using CDAnet.
- Facilitate the contracting between CDA (or its designated representatives) and dentists.

Baseline and periodic market research will enable us to measure our progress toward these objectives and to refine marketing efforts in response to evolving realities.

MARKETING STRATEGY AND PROGRAM

This marketing program is built on the following guiding principles. These principles have been confirmed and supported by all research efforts to date.

1. Only dentistry can sell CDAnet to dentists (and their staff).
2. Personal contact and person-to-person selling are the keys to success in marketing CDAnet. Information, while essential, is insufficient by itself.
3. The orientation of the marketing program is to stimulate and reinforce the momentum of CDAnet and of computerization in the dental office.

With these principles in mind, following are the strategic program elements and their respective activities.

Strategy: Create and promote a graphic and visual identity which will position CDAnet as dentistry's electronic communication network.

Activities:

- create CDAnet logo and positioning platform.
- apply logo to all CDAnet-related information and promotion materials produced by the CDA.
- encourage the use of the CDAnet logo in all communication issued from CDAnet partners and collaborators: provincial associations, local societies, networks, insurance carriers, computer suppliers.
- integrate the CDAnet logo into all electronic communication with dentists.

Strategy: Launch and sustain a national advertising and promotion campaign for CDAnet, targeted to dentists and support staff.

Activities:

- create and produce an integrated print information program for distribution through all channels: mail, demonstrations and meetings, sales calls by suppliers. This program will include a brochure and fact sheets in a CDAnet kit folder.
- create a print advertising campaign and place advertising in all dental periodicals, journals, newsletters, convention programs, etc.
- conduct an ongoing direct mail campaign targeted to priority markets, with emphasis on both the dentist and the office management staff. This campaign will promote CDAnet and encourage participation in local demonstrations and other relevant meetings.
- create and place editorial material about CDAnet in dental periodicals and newsletters.
- provide a toll-free national phone line to respond to queries and information requests from dentists and office staff.

Strategy: Establish and sustain a consumer education program of information and advice on computer technology for CDAnet, targeted to the non-computerized dentist.

Activities:

- create and place editorial material about computers and computer technology in dental periodicals and newsletters.
- provide a toll-free national phone line to respond to queries and information requests from dentists and office staff.

Strategy: Develop and implement a nationwide program of CDAnet demonstrations in collaboration with provincial associations and local dental societies.

Activities:

- recruit and train a nationwide team of dentists to conduct educational seminars and demonstrations of CDAnet.
- create a generic CDAnet computer model, for use in seminars and demonstrations.

- create a presenter's kit for use by trained demonstrators, including a script, overheads, and promotional materials.
- produce CDAnet backdrops for use in dental conventions and meetings.

Strategy: Establish and manage a systematic CDAnet contracting program.

Activities:

- create a contracting kit consisting of a "plain language" CDAnet-dentist contracting form and explanatory materials.
- develop a CDAnet contracting process and protocol, including specific roles, responsibilities and actions for all relevant players: CDAnet demonstrators, computer suppliers, provincial associations, and national CDAnet staff.

Strategy: Establish and manage a cooperative sales promotion program with certified software suppliers and participating networks.

Activities:

- provide a CDAnet training program, on a self-sustaining basis, for the sales forces of all certified computer suppliers.
- set guidelines for cooperative sales promotion efforts.
- develop specific program proposals and solicit the participation of the appropriate marketplace players. Two projects already identified are a CDAnet video and magazine supplements about computer technology.

Strategy: Conduct a cooperative market research program to monitor marketplace developments and program progress in relation to CDAnet and computer technology in dental practices.

Activities:

- establish and maintain a CDAnet database to track the interest, involvement, and participation of all dentists in participating provinces.
- conduct periodic quantitative and qualitative research with dentists and office staff on all relevant issues.

- recruit subscribers to this research program from certified computer suppliers, participating networks, insurance carriers and others as appropriate.
- analyze and report on research activities to subscribers, provincial associations, relevant CDA committees, and the CDA Board of Governors.

ROLES AND RESPONSIBILITIES

CDA

The role of CDA is as national marketing agency for CDAnet. The CDA must:

- generate and develop support for the national strategy
- create and make available national resources for use by the provinces
- conduct the national advertising and promotion campaign
- manage cooperative marketing and promotion efforts with computer suppliers and networks
- provide an information service to dentistry and to all other interested players.

In aid of this, CDA will have a national coordinator and dedicated CDAnet administrative and information staff and a variety of support services.

Provincial associations

The role of the provincial associations is to facilitate and coordinate CDAnet marketing initiatives specific to their province. It is also the role of the provinces to provide and underwrite the cost of all CDAnet demonstrations and demonstrators in their province.

Specific responsibilities include:

- providing free distribution of CDAnet advertising and other information through their regular distribution channels
- providing display space at provincial and other major dental meetings in their region
- coordinating, facilitating, and funding provincial demonstration programs, including advertising and promotion, travel and per diems for demonstrators
- conduct other promotional activity as appropriate.

The provincial associations provide the CDA with access to the relevant data from Economics of Practice and other surveys conducted with their members.

Computer suppliers

Their role is to promote and demonstrate CDAnet to dental practices according to the guidelines set by the CDA. Their responsibilities are to cover the costs of CDAnet training of their sales staff, to participate on a voluntary basis in advertising and promotion efforts, and to provide the CDA with access to leads, contacts and references which facilitate the contracting process.

Networks

The role of the networks is to participate with CDAnet in selective marketing initiatives. Their responsibilities are to support, on a voluntary basis, specific educational and promotional projects.

Insurance Carriers

Their role is to fulfil their financial obligations to sustain the CDAnet marketing program through the royalty -per -claims arrangement, and to promote CDAnet as a benefit and service to policy holders and their employees.

THE BOTTOM LINE

Revenue

The goals for CDAnet are expressed as volumes of insurance claims processed in the system. When the resources of all eighteen (approx.) insurance carriers are put together, they account for about 24 million claims annually for all of Canada. When we subtract the 25% of claims that take place in Quebec, the overall claims market is about 18 million per year.

A simplistic method of developing revenue projections would be to multiply these volumes by the 15 cent fee which will proceed from each transaction. This gives misleading results because it doesn't include the target market (ie dentists) anywhere in the equation.

For an accurate picture of revenue in each of the three years governed by this plan, it is important to focus on dentists with computers, rather than the volume of claims processed.

By referring to the segmentation in the Market Profile section, we can predict that 30% of licensed dentists in Canada will be on board with CDAnet at the end of Year One. This represents 3099 dentists, and is consistent with the findings of provincial associations. Two factors will influence the rate at which these dentists can generate claims in Year One:

1. The timing of joining CDAnet. The CDA plans to launch CDAnet in May 1990. It will take some time before dentists (even those who have computers) can obtain the software, have the system installed, and begin to process claims electronically. We expect that claims processing will begin in earnest in September 1990.
2. The timing of CDAnet marketing efforts. Aside from a promotion and communication program designed to coincide with the launch of CDAnet in May, intensive marketing efforts will kick in at the CDA Convention in late August.

APPENDIX

MARKET ANALYSIS

Size and Distribution of the Market

As of September 1989, there are approximately 13,473 licensed dentists in Canada (source: CDA). Of these, 9,343 (69%) are members of the CDA. Although CDA's primary market is its members, the organization seeks to serve the best interests of all dentists in Canada. CDAnet will be marketed to all licensed dentists in Canada.

As Quebec is not involved in CDAnet, the actual market is
10,330 licensed dentists

Distribution of licensed dentists in Canada:

Province	Number lic. dentists	% lic. dentists
Newfoundland	127	0.9%
Nova Scotia	407	3.0
New Brunswick	222	1.6
PEI	48	0.3
Quebec	3143	23.3
Ontario	5529	41.0
Manitoba	449	3.3
Saskatchewan	355	2.6
Alberta	1299	9.6
British Columbia	1881	14.0

Distribution of Dental Claims

Little information is readily available in this area. In consultation with the Ontario Dental Association, we have determined that Ontario accounts for about 50-60% of dental claims. Using data from the 1988 Gallup Poll commissioned by CDA, we have determined that Quebec accounts for 20-25% of claims. The remaining provinces, therefore, account for 15-20% of dental insurance claims in Canada.

Assignment

The CDA is on record as opposing assignment. Nevertheless, it is generally understood that, outside of Ontario, approximately 90% of dentists accept assignment. In Ontario, about 50% accept assignment.

CDAnet Market Segments

There are five distinct segments in the CDAnet market:

1. Those who already have computers
2. Those who are interested in getting a computer but have not yet done so.
3. Those who are uncommitted to computerization but are interested in knowing more about it.
4. Those who are unwilling to have anything to do with computers in their practices.
5. Dental students (a secondary market)

Each segment is described in detail below.

1. Computerized:

These are dentists who already have computers in their practices. Our research estimates this number at 27% of licensed dentists in Canada. Since Quebec does not figure in CDAnet at this time, this percentage represents 2831 dentists. This segment further subdivides into two groups:

a) Fully Wired: dentists who have complete dental practice management systems at work in their offices. These dentists purchased their systems from one of the many computer vendors who sell dental hardware and software, and who service what they sell.

b) Partly Wired: dentists who have computers in their practices, but who may be using them for word processing and/or accounting only. These dentists probably purchased their systems from any of thousands of computer stores. It is unlikely that these dentists have service contracts.

Although we know how many dentists are Computerized, we don't know how many are partly or fully wired.

Computerized dentists are distributed as follows (based on a survey of Executive Directors of provincial associations):

Province	No. dentists	%computerized	No. computerized
Newfoundland	127	0	0
Nova Scotia	407	10	41
PEI	48	10	5
New Brunswick	222	5	11
Ontario	5529	27	1492
Manitoba	449	10	45
Saskatchewan	355	35	124
Alberta	1299	35	455
B.C.	1881	35	658
Total	10317		2831

It is more likely that practices with more than one dentist have a computer. Our research indicates that computers are present in more than 50% of practices with two or more dentists.

It is also generally accepted that the claims volume in computerized practices is higher than it is on non-computerized ones, perhaps in the order of 1:1.15 or 1:1.2.

Dentists who are Computerized have:

- overcome technophobia themselves and perhaps have assisted their staff in overcoming it as well.
- staff who are familiar with computers in general and one system (the one in the office) in particular.
- some interest in computer technology, as well as a nodding acquaintance with computer lingo.

2. Ready, Willing, and Likely:

These dentists, although they do not currently have computers, are enthusiastic about them and are ready to purchase them, given the appropriate incentive (eg CDAnet). They have been favourably impressed by their colleagues who are Computerized, and have bought into the concept of computerizing their own practices. They may yet have a few barriers to overcome (eg staff resistance, cash flow/financing difficulties, leftover uncertainty of the cost/benefit ratio of computerization). They have probably spoken to one or more computer vendors, and understand the process of computerization (as opposed to the simple process of installing a computer).

Although we have no hard data on the numbers of these dentists, we estimate that they represent 10-15% of the market. In a few regions, however, provincial Executive Directors estimate this group to be substantially larger than 15%. In Newfoundland, it is 30%, and in PEI it is 100% of licensed dentists in those provinces.

3. Uncommitted:

Representing another large segment of the market, Uncommitted dentists do not have computers, have not thought very much about getting computers, and are skeptical about any improvements CDAnet can bring to their practices. Their attitude toward CDAnet is that they won't be the first to be involved, but they won't be the last, either. Uncommitted dentists must overcome many barriers before becoming involved in CDAnet:

- technophobia
- resistance to change
- skepticism about benefits of CDAnet
- financial investment in hardware and software
- staff resistance to computerization

We estimate that Uncommitted dentists represent 35-40% of the market.

4. Unwilling:

This group is highly resistant to CDAnet, for a variety of reasons, among which are these:

- they are approaching retirement, and computerization and participation in CDAnet doesn't make financial sense.
- they are strongly opposed to computers in general.
- they are strongly opposed to the CDA in general, and thus are opposed to CDA programs.

Unwilling dentists are tough cookies: opinionated and steadfast in their beliefs. We estimate that they represent 10-15% of the market.

5. Dental Students

There are approximately 2000 students currently enroled in faculties of dentistry in Canada. While dental students are not in a position to join CDAnet immediately, they have the opportunity to incorporate a computer and CDAnet into their practices upon graduation. We believe that the vast majority of dental students can be classified as Ready, Willing, and Likely. CDAnet marketing efforts should include dental students as a secondary market.

In summary, the market for CDAnet is segmented as follows:

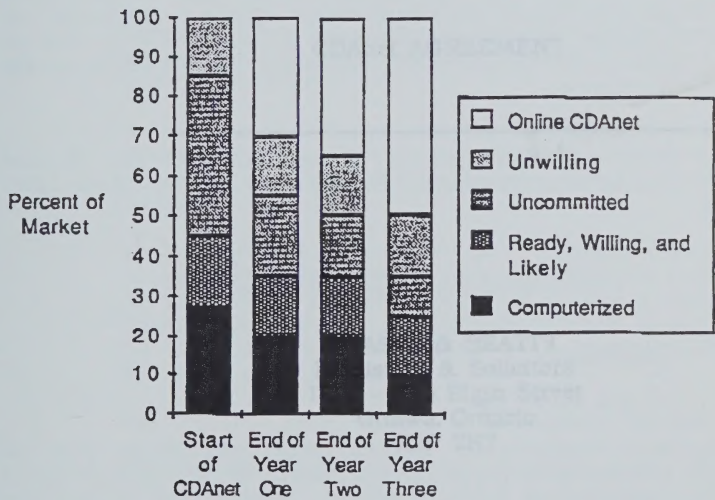
Computerized	27%, or 2831 dentists
Ready, Willing and Likely	10-15%, or approx. 1000-1500 dentists
Uncommitted	35-40%, or approx. 3600-4100 dentists
Unwilling	10-15%, or approx. 1000-1500 dentists

Impact of CDAnet

There is a general trend toward increasing computerization in dentistry. Even without the introduction of CDAnet, this trend will continue. CDAnet will accelerate this trend toward use of computers by offering more compelling reasons for becoming computerized.

Once CDAnet is launched, the market segments (as outlined above) will begin to move. Some of those who are Computerized will join CDAnet. Some of those who are Ready, Willing and Likely will purchase computers and CDAnet simultaneously. Some of those who are Uncommitted will learn enough about the program to become Ready, Willing, and Likely. The following chart illustrates this movement over the first three years of CDAnet.

CDAnet Market Segments



Year One

Marketing efforts will focus on getting the Computerized on board and getting some of the Ready, Willing, and Likely to become computerized and join CDAnet at the same time. We will also direct efforts toward the Uncommitted, educating and motivating them to become Ready, Willing and Likely.

Year Two

By the end of Year Two, both Ready, Willing, and Likely and Uncommitted are moving toward becoming Computerized and joining CDAnet simultaneously.

Year Three

The momentum to becoming computerized and joining CDAnet continues. The Unwilling group is highly resistant, so this segment is static throughout the campaign.

In addition to this general pattern of market segment movement, there are particular groups which we expect to move faster and with more impact than others. Ontario, B.C., and Alberta are centers of high claims volumes, so are more likely to generate higher levels of computerization and participation in CDAnet. Multiple dentist practices (which represent about 30% of all dental practices) are also likely to generate higher claims volumes.



DATED: April 2nd, 1990

CANADIAN DENTAL ASSOCIATION

- and -

• DENTAL ASSOCIATION

CDAnet AGREEMENT

FRASER & BEATTY
Barristers & Solicitors
1200 - 180 Elgin Street
Ottawa, Ontario
K2P 2K7

THIS AGREEMENT made as of the 2nd day of April, 1990,
between Canadian Dental Association and • Dental Association.

Whereas:

(a) it is proposed that the processing and adjudication of dental claims and the predetermination of a patient's coverage or eligibility will be facilitated by the use of electronic data interchange between dentists and claims processors;

(b) the CDA has entered or proposes to enter into one or more agreements respecting the use of electronic data interchange between dentists and claims processors and respecting the supply of computerized services to dentists;

(c) the Parties have entered into this Agreement for the purpose of recording their agreement as to the manner in which electronic data interchange and computerized services shall be supplied to dentists registered or licensed to practice dentistry in the Province and to provide for certain rights, obligations and liabilities among the Parties.

NOW THEREFORE, in consideration of the mutual covenants and agreements herein contained the Parties hereto agree as follows:

ARTICLE 1.00 - INTERPRETATION

1.01

Definitions

In this Agreement.

(a) "Agreement" means this Agreement and all instruments supplemental hereto or in amendment or confirmation hereof; "hereof", "hereto" and "hereunder" and similar expressions mean and refer to this Agreement and not to any particular article or section; "Article" or "Section" means and refers to the specified article or section of this Agreement.

(b) "Business Day" means a day other than a Saturday, Sunday or any day prescribed by the Government of Canada as a national holiday.

(c) "CDA" means the Canadian Dental Association and its permitted successors and assigns.

(d) "CDAnet"TM is the trade-mark owned by the CDA to describe and identify CDAnet Services and includes any alternative trade-mark selected by the CDA to replace the trade-mark CDAnet.

(e) "CDAnet Network" means a Network endorsed or licensed by the CDA to provide CDAnet Services.

(f) "CDAnet Network Documentation" means any manuals relating to a CDAnet Network setting out technical procedures and rules applicable to the transmission of Messages conforming to the Protocol.

(g) "CDAnet Services" means the Principal Services and such other computerized services which may from time to time be offered by or endorsed by the CDA.

(h) "CDAnet Software" means any software owned by or licensed to the CDA relating to the Principal Services or to the extraction of data from Dental Claims and Predeterminations.

(i) "Claims Processor" means a Person which processes, adjudicates or underwrites dental claims and who agrees to receive dental claims submitted through a CDAnet Network.

(j) "Dental Claim" means the Messages transmitted through a CDAnet Network which collectively constitute the submission by a Subscriber of a dental claim to a Claims Processor and an acknowledgement of receipt by the Claims Processor which acknowledgement may include an adjudication.

(k) "Dental Firm" means a corporation (if and when permitted), partnership or unincorporated association which is duly registered or licensed to practise dentistry in the Province.

(l) "Dentist" means an individual who is duly registered or licensed to practise dentistry in the Province.

(m) "Effective Date" means the date first mentioned at the commencement of this Agreement.

(n) "GAAP" means those accounting principles which are recognized as being generally accepted in Canada from time to time as recommended in the Handbook published by the Canadian Institute of Chartered Accountants.

(o) "Gross Claims Revenue" means all amounts actually received by the CDA from all sources during the Reporting Period in respect of the Principal Services determined in accordance with GAAP.

(p) "Initial Term" shall mean the period commencing on the Effective Date and continuing for a period of four years.

(q) "Message" means the data relating to a Transaction and transmitted electronically between the sender and the recipient.

(r) "Net Claims Revenue" means Gross Claims Revenue less all amounts expended or incurred by the CDA (or by the PDA with respect only to co-operative promotional expenses) during the Reporting Period to gain or produce Gross Claims Revenue determined in accordance with GAAP provided however that such expenditures shall include, without limitation, overhead and operating expenses, co-operative promotional expenses, professional fees, travel, food and accommodation expenses, taxes and per diems paid in accordance with CDA policy but such expenditures shall not include costs incurred by the CDA in connection with development costs.

(s) "Network" means the configuration of computer processing and communications facilities by means of which Messages are transmitted and received.

(t) "Network Provider" means the Person who provides or permits access to its Network.

(u) "Party" means a party to this Agreement and its permitted successors and assigns.

(v) "PDA" means the • Dental Association and its permitted successors and assigns.

(w) "Person" means any individual, corporation, company, partnership, trustee, trust, unincorporated association, government agency, Crown corporation, dental

association or dental college and pronouns have a similar extended meaning.

(x) "Predetermination" means the Messages transmitted through a CDAnet Network which collectively constitute a request by a Subscriber to a Claims Processor for a predetermination of a patient's coverage or eligibility and an acknowledgement of receipt of such request.

(y) "Principal Services" means Transactions which are Dental Claims or Predeterminations.

(z) "Proportionate Share" shall mean with respect to a Reporting Period the ratio which the number of Dental Claims originating in the Province bears to the total number of Dental Claims originating in Canada.

(aa) "Protocol" means the methods and procedures for the formatting, structuring and transmission of Messages.

(bb) "Province" means the Province of *.

(cc) "Province Data" means the data relating to or collected from Dental Claims or Predeterminations originating in the Province and transmitted through a CDAnet Network but with patient identity, plan sponsor identity and Claims Processor identity removed.

(dd) "Province Net Claims Revenue" means the Proportionate Share of Net Claims Revenue.

(ee) "Reporting Period" means each month in each year during the term of this Agreement which is not included in other periods of time constituting a Reporting Period.

(ff) "Subscriber" means a Dentist or Dental Firm, as the case may be, who subscribes to CDAnet.

(gg) "Transaction" means any communication made or transaction carried out by a Subscriber in respect of a CDAnet Service.

1.02 Gender and Number

Words importing the singular shall include the plural and vice versa, and words importing gender shall include the masculine, feminine and neuter genders.

1.03 Headings

The headings contained in this Agreement are for convenience of reference only and in no way affect the interpretation of this Agreement.

1.04 Applicable Law

This Agreement shall be governed by and interpreted in accordance with the laws of the Province and the laws of Canada applicable therein and shall be treated in all respects as a Province contract.

1.05 Severable

If any provision of this Agreement shall be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions of this Agreement shall not in any way be affected or impaired thereby.

1.06 Entire Agreement

This Agreement constitutes the entire agreement between the Parties relating to the subject matter hereof and supercedes all prior formal and informal agreements, proposals, promises, inducements, representations, conditions, warranties, understandings, negotiations and discussions, whether oral or written, of the Parties.

1.07 Amendment

No supplement, termination, modification, waiver or amendment of this Agreement shall be binding unless in writing and executed by the Party to be bound thereby.

1.08 Waiver

A waiver by a Party of a breach of any of the provisions of this Agreement by any of the other Parties shall not take effect or be binding on the Party unless in writing and signed by the Party. Unless otherwise provided therein, such waiver shall not limit or affect the rights of the Party with respect to any other breach.

1.09 Time of Essence

Time shall be of the essence of this Agreement and every part thereof.

1.10 Successors and Assigns

This Agreement shall enure to the benefit of and shall be binding upon the Parties and their respective permitted successors and assigns.

1.11 Assignment

This Agreement may not be assigned by a Party without the written consent of the other Party.

1.12 Calculation of Time Periods

When calculating the period of time within which or following which any act is to be done or step taken pursuant to this Agreement, the date which is the reference day in calculating such period shall be excluded. If the last day of such period is a not a Business Day, the period in question shall end on the next Business Day.

1.13 Counterparts

This Agreement may be executed in two or more counterparts, each of which shall be deemed to be an original and all of which together shall constitute one and the same agreement and notwithstanding their date of execution shall be deemed to bear formal date of the Effective Date.

1.14 Scope

The provisions of this Agreement shall apply only with respect to Subscribers who are registered or licensed to practise dentistry in the Province and to Transactions originating in the Province.

ARTICLE 2.00 - PROMOTION OF CDAnet

2.01 Promotion of CDAnet Services

The Parties agree to promote CDAnet to their respective members with the objective that, where possible, all Transactions shall be effected by means of Messages transmitted through a CDAnet Network.

2.02 Co-operative Promotional Expenses

Co-operative promotional expenses incurred by a Party shall be reimbursed from Gross Claims Revenue.

ARTICLE 3.00 - DIVISION OF REVENUE

3.01 Apportionment and Payment of Province Net Claims Revenue

Province Net Claims Revenue shall be apportioned as to • percent (•%) to the CDA and as to • percent (•%) to the PDA. The PDA's share of Province Net Claims Revenue shall be paid to the PDA monthly within thirty (30) days from the end of each Reporting Period.

3.02 Books of Account

The CDA shall maintain accurate books of account with respect to the determination of Gross Claims Revenue, Net Claims Revenue and Province Net Claims Revenue and all financial statements shall be prepared in accordance with GAAP and in accordance with procedures for identification of and allocation of revenues and expenses as determined in this Agreement or as may be determined in such other agreement between the Parties which references this Agreement. The PDA or its duly authorized representatives may, at any time and from time to time, inspect and audit the books of account at the PDA's own expense.

3.03 Development Costs

The Parties undertake to negotiate and reach agreement regarding recovery of their respective costs in developing electronic data interchange.

3.04 Apportionment of Other Revenues

The Parties undertake to negotiate and reach agreement regarding the apportionment between the CDA and the PDA of net revenues from Transactions originating in the Province which are not Dental Claims.

3.05 Readjustments

In the event that mistakes are discovered in the calculation and/or payment of Gross Claims Revenue, Net Claims Revenue or Province Net Claims Revenue they shall be rectified and the appropriate

payments immediately made by the CDA or by the PDA as may be appropriate.

ARTICLE 4.00 - CLAIM AND NETWORK INFORMATION

4.01 Confidentiality

The Parties agree that the Province Data shall, at all times (both during the term of this Agreement and thereafter), be confidential and shall be owned in perpetuity by the PDA and managed in a global database by the CDA. The CDA shall maintain the global database for the term of this Agreement and for not less than two years thereafter. There shall be no access to the Province Data contained in the global database without the prior consent of the PDA which consent shall not be unreasonably refused to the CDA for statistical, survey or other similar purposes.

4.02 Data Extract

(a) Each Party consents to the Claims Processors delivering to the other Party, on a bi-weekly basis and at no cost to the CDA or the PDA, an extract of the Province Data on tape or other media approved by the CDA. Each Party agrees to provide such further assurances and directions as may be necessary.

(b) The Parties agree to cooperate with the objective of obtaining from the Claims Processors or their agents an extract of information from dental claims and/or predeterminations which are not transmitted through a CDAnet Network. Each Party consents to a Claims Processor delivering such an extract to the other Party and each Party agrees to provide such further assurances and directions as may be necessary.

4.03 Copies of Network Documentation

The CDA agrees to promptly deliver to the PDA one copy of the Protocol and one copy of the CDAnet Network Documentation and all updates thereof which are in the possession or the control of the CDA to the extent that the CDA may do so without infringing the rights of any other Person or without breaching any obligation owed to any other Person.

4.04 Network Provider Agreements

The CDA shall provide to the PDA a copy of each agreement with a Network Provider and no such agreement shall be effective in the Province unless approved by the PDA. In the event that any such agreement is amended, such amendment shall not be effective in the Province unless approved by the PDA. The above referenced approvals shall not be unreasonably withheld.

ARTICLE 5.00 - TERM

5.01 Term

This Agreement shall be in force for the Initial Term. Following expiration of the Initial Term, this Agreement shall continue to be in force for successive three year periods unless, at least 180 days prior to the expiration of the Initial Term or prior to the expiration of any succeeding three year period, as the case may be, the CDA or the PDA shall provide the other with written notice that the Agreement is not to be renewed.

5.02 Accrued Obligations Not Extinguished

Termination of this Agreement under any circumstances shall not abrogate, impair, release, or extinguish any debt, obligation, or liability of any Party hereto to any other Party hereto which may have accrued hereunder.

5.03 Survival

All provisions of this Agreement which by their terms or by reasonable implication are to be performed, in whole or in part, after the termination of this Agreement, shall survive such termination including, without limitation, Sections 4.01 and 5.04.

5.04 Alternative System After Termination

After a notice of termination is given pursuant to Section 5.01 or after the Parties have entered into an agreement to terminate this Agreement within the meaning of Section 1.07, each Party shall have the right to investigate and establish alternative Network(s) and to offer services similar to the Principal Services but no such alternative Network shall be implemented prior to the end of the term of this Agreement. At the end of the term of this Agreement the CDA shall be deemed to have granted to the PDA a perpetual fully paid license to use CDAnet Software, CDAnet Network Documentation and the Protocol to the extent that the CDA may do so without infringing

the rights of any other Person or without breaching any obligation owed to any other Person. At the end of the term of this Agreement the PDA shall not retain, acquire or assert trade-mark ownership or other proprietary rights in and to, or use CDAnet or any confusingly similar derivation, adaption or variation thereof.

ARTICLE 6.00 - GENERAL PROVISIONS

6.01 Notice

All notices, requests or other communications required or permitted to be given hereunder or for the purposes hereof to any Party shall be in writing and shall be sufficiently given if delivered personally, or if sent by first class prepaid registered mail or if transmitted by telecopier, telex or other form of recorded communication tested prior to transmission to such Party (confirmed on the same or following day by first class prepaid registered mail) and addressed as follows:

to the CDA at:

1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Attention:

Telecopier No: 613-523-7736

to the PDA at: •

Attention: •

Telecopier No: •

Any notice delivered to the Party to whom it is addressed hereinbefore provided shall be deemed to have been given and received on the day it is so delivered at such address, provided that if such day is not a Business Day then the notice shall be deemed to have been given and received on the Business Day next following such day. Any notice mailed as aforesaid shall be deemed to have been given and received 5 Business Days following the date of its mailing, provided that during any period of mail disruption, notice shall be delivered personally or transmitted by telecopier, telex or other form of recorded communication. Any notice transmitted by telecopier, telex or other form of recorded communication (confirmed as aforesaid) shall be deemed to have been given and received on the first Business

Day after its transmission. Any Party may change any particulars of its address for notice by notice to the other Party in the manner aforesaid.

6.02 Undertaking

The Parties hereto undertake to sign and complete all such deeds, documents, resolutions, minutes and other instruments and to do all such acts as are necessary to give full effect to the terms, conditions and restrictions contemplated by this Agreement and to make them binding on the Parties hereto as well as on third parties who are not privy to the terms hereof. Neither Party shall be in default or liable for any loss or damage resulting from delays in performance or from failure to perform or comply with the provisions of this Agreement due to any cause beyond that Party's reasonable control, provided, however, that the Party so prevented from complying herewith shall continue to take all actions within its power to comply as fully as possible herewith.

IN WITNESS WHEREOF, this Agreement has been executed by the Parties hereto.

Canadian Dental Association

By: _____
Name: _____
Title: _____

• Dental Association

By: _____
Name: _____
Title: _____

Subscriber Identification

Name of Subscriber: _____
Street Address: _____
City: _____
Province: _____
Postal Code: _____
Telephone No.: _____
Facsimile No.: _____

Agreement

Subscriber:	Canadian Dental Association:
I agree to all the terms and conditions stated in this Agreement.	We agree to all the terms and conditions stated in this Agreement.
Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

Terms and Conditions

In consideration of the mutual covenants and agreements herein contained and subject to the terms and conditions hereinafter set out, the parties hereto agree as follows:

1. In this Agreement,

"Agreement" means this Subscription Agreement as amended from time to time.

"CDA" means the Canadian Dental Association and its successors and assigns.

"CDANet" is the trade-mark owned by the CDA to describe and identify CDANet Services and includes any alternative trade-mark selected by the CDA to replace the trade-mark CDANet.

"CDANet Network" means "On-Call-The Insurance Network™, Assurecard™ and such other electronic data interchange networks endorsed or licensed by the CDA to provide CDANet Services.

"CDANet Services" means the electronic submission of dental claims and such other computerized services which may from time to time be offered by or endorsed by the CDA.

"Dental Firm" means a corporation (if and when permitted by the Subscriber's provincial dental association and college), partnership or unincorporated association which is duly registered or licensed to practise dentistry.

"Dentist" means an individual who is duly registered or licensed to practise dentistry.

"Person" means any individual, corporation, company, partnership, trustee, or trust or unincorporated association and pronouns have a similar extended meaning.

"Service Provider" means any Person licensed or authorized by the CDA to provide a CDANet Service.

"Subscriber" means the above-signed Dentist or Dental Firm, as the case may be.

"Supplementary Conditions" means the special conditions to which a Subscriber must agree, in addition to the terms of this Agreement, in order to be authorized to access the services of a specific Service Provider where such is required by the Service Provider.

2. Upon execution of this Agreement by the Subscriber and upon acceptance of this Agreement by the CDA, the Subscriber shall become a subscriber to CDANet. The CDA agrees to

provide at no charge to the Subscriber a CDAnet Identification Number and instructions as to user of CDAnet, written instructions on the use of CDAnet and reasonable telephone support. There will be no charge to a Subscriber for network data communication charges for the transmission of dental claims.

3. The Subscriber represents that the Subscriber is and will at all times be duly registered or licensed to practise dentistry and in good standing with all authorities having jurisdiction.

4. The Subscriber agrees that it will submit through a CDAnet Network all dental claims that are capable of being submitted electronically.

5. Dental claims submitted through CDAnet and patient authorizations shall be in such form as may be prescribed by the CDA from time to time. The Subscriber agrees to keep original copies of the patients' authorizations on file for a period of three years and to provide copies thereof to the CDA or the appropriate claims processor upon request.

6. The Subscriber acknowledges that the adjudication, processing, validation and/or payment of any dental claim submitted through CDAnet is not the responsibility of the CDA. The Subscriber acknowledges that the response to any request by the Subscriber for a predetermination of a patient's coverage or eligibility submitted through CDAnet is not the responsibility of the CDA.

7. CDAnet shall be provided to the Subscriber during the hours of 5:30 a.m. and 1:00 a.m. (Eastern Standard Time) seven days a week excluding statutory holidays. The CDA agrees to use its best efforts to maximize the operational availability of CDAnet Networks. The Subscriber acknowledges that the CDA is not responsible for events beyond the reasonable control of the CDA. The CDA's total liability to the Subscriber for any cause whatsoever related to this Agreement or the CDA's performance hereunder, regardless of the form of action, whether in contract or in tort (including negligence), shall be limited to recovery of the Subscriber's actual damages. In no event shall the CDA be liable for any damage caused by the Subscriber's failure to perform the Subscriber's responsibilities, for any indirect damages, for any loss of the Subscriber's business, profits, or savings, or other indirect, special, incidental or consequential damages howsoever caused, even if the CDA has been advised of the possibility of such damage or loss, or for any claim by the Subscriber based on any third party claim. The foregoing limitation does not apply, however, to the CDA's liabilities for breach of the CDA's obligations of confidentiality pursuant to paragraph 8 hereof.

8. All information contained in a dental claim excluding patient identity, plan sponsor identity and claims processor identity may be maintained in a global database managed by the CDA on behalf of the provincial dental association/college in whose jurisdiction the dental claim originates. The Subscriber releases all right, title and interest in and to any of such information maintained in such global database. There shall be no access to any of such information maintained in such global database without the consent of such provincial dental association/college.

9. The Subscriber agrees that all payments, if any, from claims processors to the Subscriber of dental claims submitted using CDAnet shall be paid by cheque except where electronic fund transfers are available and the Subscriber has executed and delivered all necessary authorizations.

10. The Subscriber agrees that all information and software which is accessible by the Subscriber through CDAnet is and shall remain the sole and exclusive property of the respective Service Provider. The Subscriber will not by virtue of this Agreement acquire any proprietary interest in the said information or software. The Subscriber agrees that it will not publish, broadcast, retransmit or otherwise reproduce any of said information in any media. The Subscriber acknowledges and agrees that the said information and software are and shall be for the Subscriber's personal use only.

11. The Subscriber agrees to indemnify and hold the CDA harmless from and against any third party claim, resulting from Subscriber's misuse of CDAnet. This indemnification obligation shall survive the termination of this Agreement.

12. The Subscriber shall not use CDAnet in any unlawful manner and in particular, without limiting the generality of the above, a) the Subscriber shall not access the services of a Service Provider to which the Subscriber has not been authorized to access, and b) the Subscriber shall not transmit or publish, in whole or in part, any information where such activity, in whole or in part, constitutes a criminal offence or would otherwise be unlawful in Canada or would be actionable at the suit of any Person.

13. All necessary computer hardware, software, telephone lines and related equipment to be located in the Subscriber's office shall be provided by the Subscriber in accordance with such specifications as may be prescribed by the CDA from time to time. The CDA will use its best efforts to keep entry level costs for such hardware and software to a minimum. The Subscriber shall be responsible for the maintenance and use of all such computer hardware, software, telephone lines and related equipment. The Subscriber shall be responsible for the training of the Subscriber's operators. The CDA may provide, for a fee, software customized to access CDAnet provided however that the operation and use of said software and the responsibility for any loss or damage caused thereby shall be the sole responsibility of the Subscriber.

14. This Agreement shall be effective from the date of acceptance by the CDA and it shall continue until (1) terminated by either party upon thirty (30) days notice to the other party or (2) terminated by the Subscriber's provincial dental association upon thirty (30) days notice to the Subscriber that it has terminated its endorsement of CDAnet. This Agreement shall be binding upon the respective successors and permitted assigns of the parties hereto. The Subscriber may not assign or transfer this Agreement in whole or in part without the consent of the CDA. The

CDA may assign or transfer this Agreement or any rights or privileges under this Agreement, in whole or in part, without the consent of the Subscriber.

15. The Subscriber acknowledges that certain of the Service Providers will require acceptance by the Subscriber of Supplementary Conditions. First access by the Subscriber to the services of a Service Provider shall, if such Supplementary Conditions appear on-line on CDAnet, bind the Subscriber to such Supplementary Conditions. In the event of conflict between the provisions of Supplementary Conditions and the provisions of this Agreement, the provisions of this Agreement shall prevail.

16. The Subscriber shall pay the charges for the Service Provider's services and interest thereon according to the service rates of the respective Service Provider which service rates shall be set out in the on-line directory at the time of Subscriber's access to the respective Service Provider. The Subscriber agrees that it shall be deemed to have received actual notice of the service rates of Service Providers which it accesses, prior to such access, and such presumption shall not be rebuttable.

17. All invoices for the services of a Service Provider shall be due and payable when they are issued to the Subscriber. The Subscriber agrees that any invoice or statement representing any transaction for services shall be deemed to be correct and binding on the Subscriber unless objection in writing is received by the Service Provider within thirty (30) days from the date of the invoice or statement.

18. The Subscriber acknowledges that the CDA and certain of the other Service Providers may assign their accounts receivable from the Subscriber. An invoice to the Subscriber bearing information in regard to the services provided shall be sufficient to constitute valid notification to the Subscriber of the assignment of the account receivable.

19. Overdue accounts shall bear interest at the rate of 18% per year. One month's interest will be calculated on each statement date on any unpaid portion of the respective charges of a Service Provider billed on the previous month's statement and interest will accrue daily thereafter until the date the payment is received.

20. Any partial payments received shall be applied firstly in respect of interest and the balance in reduction of other charges.

21. All claims including any rights of offset by any Subscriber and all disputes concerning any invoice or statement for Services shall be settled directly between the Subscriber and the Service Provider provided that notification as to such dispute with respect to accounts receivable that have been assigned to shall first be given by the Subscriber to the assignee of such account receivable.

22. The CDA shall be entitled to modify this Agreement from time to time by means of notice to the Subscriber. The Subscriber's continued use of CDAnet subsequent to such notice of modification shall be deemed to be Subscriber's concurrence with, and acceptance of such modification. The CDA may give any notice required or permitted under this Agreement by the means of a system message through CDAnet and any such system message shall be deemed to be actual notice to the Subscriber and such presumption shall not be rebuttable. A system message shall be deemed to be a memorandum in writing and signed by the Subscriber under Section 4 of the Statute of Frauds (R.S.O. 1980, c.481) and under similar applicable legislation and such presumption shall not be rebuttable. The Subscriber shall promptly notify the CDA of any change in the information set forth in the Subscriber Identification section of this Agreement.

23. This Agreement sets forth the entire agreement between the parties with respect to CDAnet, and supercedes all previous negotiations, agreements, oral representations and writings with respect to CDAnet. In the event that any provision of this Agreement is held to be invalid by a final unappealable decision of a Court of competent jurisdiction, it shall be severed herefrom and shall not affect the enforceability of the remaining provisions.

24. This Agreement shall be governed by the law of the Province set out in the Subscriber Identification section of this Agreement. In the absence of any indication to that effect on this Agreement the law of the Province of Ontario shall apply.

25. This Agreement does not preclude or prevent any subsequent agreement between the Subscriber and a Service Provider for services provided outside of CDAnet.

26. The person executing this Agreement on behalf of the Subscriber represents that he or she has the authority to bind the Subscriber. The person executing this Agreement on behalf of the CDA represents that he or she has the authority to bind the CDA.

The Canadian Dental Association is a registered user of the trade-mark "On Call-The Insurance Network" which is a trade-mark owned by ACE Trade-Mark Holding Corporation.
The Canadian Dental Association is a registered user of the trade-mark "Assurecard" which is a trade-mark owned by S.N.S. Shared Health Network Services Ltd.

**CDANET
IMPLEMENTATION PLAN**

Project Notes:

- Arrangements in place with both Shared Health and Association for Claims Exchange
- Draft standards in place and circulated to Dental Office Systems Vendors March 2, 1990.
- Standards being revised through meetings with Shared Health, National Data Corp., and ACE.
- Major tasks under way and planned include:
 - Design pilot/test requirements April 10/90
 - Finalization of standards April 15/90
 - Re-issue specifications to dental systems vendors April 15/90
 - Final drafts and signing of Legal Agreements April/90
 - Conduct pilot Apr. 15-June 30/90
 - CDANET Launch May 15-30/90
CDANET/NDC/ACE
 - Evaluate and report on pilot results June 30/90
 - Commence marketing of system July-Sept. 1/90



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

OFFICE OF THE PRESIDENT / CABINET DU PRÉSIDENT

September 28, 1989

Dr. Mac Balfour
President
Ontario Dental Association
234 St. George Street
Toronto, Ontario
M5R 2P1

Dear Mac:

I would like to ask for the ODA's assistance in facilitating a solution to a problem that has come up regarding EDI. The difficulty that we are having is in regard to the structure of the Association for Claims Exchange that will oversee our EDI network.

As you can appreciate, the composition of any body such as this that is national in scope must satisfy our various Canadian constituencies. We would like to allow for a 14 person board that would consist of 7 insurance representatives and 7 dentists. The dentists' representation would be:

- 1 from Atlantic Canada
- 1 from Manitoba/Saskatchewan
- 1 from Alberta/B.C.
- 2 from Ontario
- 2 from the CDA

We think that this formula could be acceptable. It does give the ODA 28.6% representation on the Board, which is 1.4% below the previously agreed upon 30%. Is this acceptable to the ODA?

If it were not acceptable we would have to go to a board of six with two from the ODA. This would definitely diminish our ability to satisfy other people's needs, especially if Quebec joins the network.

.../2

As we are experiencing some delays getting all the necessary legal documents together to meet our timetable, the favour of the earliest possible reply from you would be appreciated. Thank you for your assistance.

Sincerely yours,

Kevin L. Roach, B.Sc., D.D.S.
President



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

M E M O R A N D U M

October 3, 1989

TO: CDA Executive Council, CEOs of Corporate Bodies,
Joel Alleyne, GSA Consulting; Bill Topfer,
Confederation Life; Gary Maxwell, Metropolitan Life;
John McFarlane, Fraser/Beatty
Third Party Committee

FROM: Bernie Dolansky, Chairman of the EDI Sub-Committee

RE: Draft Legal Agreements for EDI

It is important that we all be aware of the timetable and process that the EDI Committee is suggesting for the decision-making process on this project. As outlined at the Annual Board of Governors Meeting, the process is:

- 1) Finalized list of candidate vendors - this was done during the week of September 21-25.
- 2) Specific questionnaires and answers from vendors - these were received September 1st.
- 3) Interview vendors and choose 2 finalists - this was done on September 13 & 14th.
- 4) Negotiate with the two finalists, Cooperators Data Services Limited and National Data Corporation and bring one name to the Executive Council - this is being done presently and the decision will be made on October 16th.
- 5) Refer recommended company to the provinces for their approval - this will be done during the period of October 16 - December 15.
- 6) January 1st - Pilot Project and Implementation.

It is apparent that there will have to be legal arrangements made between the various parties to the CDA net and that these agreements will have to be done concomitantly with the timetable as outlined above.

We have a draft agreement between the CDA and the Corporate Members, as well, there is a draft agreement between Association for Claims Exchange and a dental practitioner, as well as between ACE and the CDA. The one missing piece is a draft agreement that would form the Association for Claims Exchange (ACE). We are still negotiating an acceptable draft on this with our nine insurance partners.

We would like you to review the documents that are presently available, obtain independent advice where you deem it necessary and let us know your comments and suggestions. As these documents are an integral necessity for the implementation schedule, we would appreciate your timely input.

It is certainly important that we all recognize that common sense must prevail in this process. Nine insurance companies, nine provinces and the CDA as well as the insurance companies as a group, will all have their lawyers examine some or all of these documents carefully. Twenty attorneys might feel compelled to prove that they read the document, and they could do so by suggesting changes which will then be circulated to all twenty lawyers for a second round of comments. This could become a very prolonged, expensive and ultimately, frustrating and non-productive process. We are requesting that all this be done in a common sense, timely and collegial fashion. These legal arrangements are too important to become the victim of legalistic posturing. Again we ask for your (and your independent council's) cooperation. We would appreciate your comments by October 13th, if at all possible.

Thank you for your cooperation.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

CONFIDENTIAL

M E M O R A N D U M

TO: EDI Sub-Committee, Ontario Dental Association
CDA Management Committee, Joel Alleyne, Bill Topfer

FROM: Bernie Dolansky, Chairman of the EDI Sub-Committee

DATE: October 4, 1989

RE: Meeting with "Shared Health Network Group"

As previously agreed at our EDI Sub-Committee meeting of September 14th, I met, today, with representatives of the "Shared Health Network Group of Companies". Present were:

Dennis Devos, Great-West Life
Don Post, Mutual Life
Robert Allard, Sun Life
Joel Alleyne, GSA Consulting
Bill Topfer, Confederation Life

John Cartmell of Canada Life couldn't make it. Bill Topfer joined us approximately one hour into the meeting.

I proposed an agenda that would deal with what seemed to be the three outstanding concerns of this group of companies. These are:

- 1) The CDA Data Extract
- 2) The CDA \$.15 payment
- 3) The structure of the ACE Group

It was interesting that the discussion began with Don Post demanding to know why the CDA thought it should have any say in how his company ran its business. Using the schematic of the EDI network, Joel and I explained that our interest lay solely in what happened in the dental office, the transmission of data and the network that would accomplish all this. While Dennis Devos professed to understand why these items are legitimately within our purview, I'm sure Don Post still thinks that everything beyond our offices is none of our business. Robert Allard, in attitude, would fit somewhere between those two. The attitudes revealed by this

exchange are both interesting and important for us to understand. The dynamics of the group are very much that Dennis Devos and Great-West Life are the lead player and the others will follow that lead.

After lengthy discussion, the issue of the Data Extract boiled down to the following:

- 1) They, i.e. Devos, approve of us using the database for profiling by Licensing Bodies "as long as they do it effectively" and for setting fee guides.
- 2) He is afraid that the tables would be turned on our traditional relationship and we, organized dentistry, will have a better database than he does. He, therefore, would want us to agree not to do any studies that would help us "compete" with him through Dialogue in Dentistry or any studies that could be published and/or help the consulting industry.
- 3) I explained that it would be difficult to write an agreement that would limit the use of what is, in essence, intellectual property. But he wants us to try to do this as a condition for releasing the data.
- 4) Unless it becomes a legal requirement of a Provincial Licensing Body to do so, he would want each dentist to decide whether he wishes his data to become part of the database.

On the issue of \$.15 we went around and around on why the CDA should get it, why we need it, etc. I also had to listen to another crying session on how much money they are losing on dental and how it was going to end up costing the plan purchasers more money. The bottom line on this issue (appropriate phrase when we talk about money) is that they still think:

- 1) that the dentist should and would pay for using the system, although they won't push this idea for now
- 2) they can't commit to the \$.15 until they see the cost benefit ratio
- 3) Shared Health Network will deal with it on their behalf.

These insurance companies won't pay it to us, but Shared Health Network will. This, of course, is partly a face-saving mechanism and partly the old idea that Shared Health Network will pay part of it out of other value-added revenue.

The last agenda area that we discussed was the structure of ACE and how these 4 companies would fit into it. This is where the discussion became both more heated and more focused. Devos expressed the opinion that with 60% of the potential claims (not true) that we can't sell this without them and that dentists would join their network, that is, these 4 companies' network, in very significant numbers, no matter what our advice is. Going into this meeting, our group believed that there were three options available to us:

- 1) Two networks competing head-to-head
- 2) We join forces and both groups use Shared Health Network as our common network
- 3) ACE uses one of our two finalists. These 4 companies would use Shared Health Network and they agree to adhere to the same level-playing field "conditions" as the ACE companies'. In return for this, we would allow them to share our network.

As far as Great-West Life is concerned, speaking for the others, we can do one of the following options:

- 1) All the outstanding concerns between us are negotiable and amendable to settlement if we all use Shared Health Network as our common network. When we pointed out that SHN, are both more expensive and that their ability to deliver is more questionable than our present two finalists, Devos said that his opinion is different based on a study that Great-West Life did 1 1/2 years ago. As far as he's concerned, it is a closed issue.
- 2) If we allow Shared Health to tap into our ACE Network, he sees no reason to accommodate our need for a database and, in fact, categorically stated, that we would get no data from him under these conditions. If Shared Health Network wanted to pay us the \$.15, that would be up to them. When we politely pointed out that this was just a sham, he shrugged.
- 3) We go head-to-head and as far as he's concerned, that's alright too.

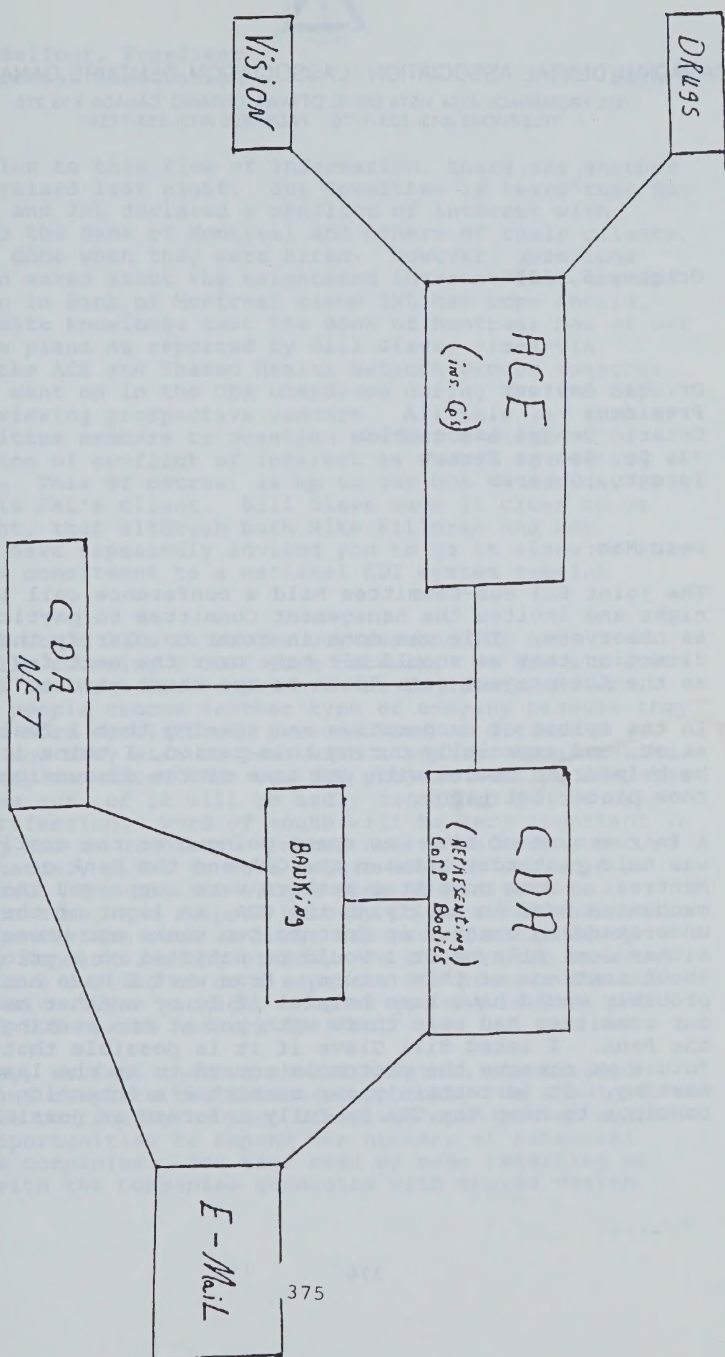
These 4 companies are all meeting with Shared Health Network this afternoon. Devos is supposed to get back to me in the next 48 hours. It will be interesting to see if there is any modification in these positions that we jointly agreed were the result of our meeting.

My strong, immediate impression is that these companies, and Great-West Life in particular, feel that they are in the driver's seat on this matter. Historically, some of these same companies have been the most adamant in believing that

we, as providers, "should know our place". Fifteen to twenty years ago, we went head-to-head with them on the issue of a standardized claim form. Two to three years ago, we did it over capitation. I personally believe that it is stupid, expensive and ultimately not in anybody's interest to fight this kind of battle. I would certainly regret seeing it happen again over EDI. What do you think?

To change the subject, Bill Topfer made a proposal, today, that our 9 insurance companies believe will simplify our EDI project. The nine companies are saying that ACE should be a grouping of insurance companies only. It, in turn, would undertake a joint venture with the CDA to run CDA NET. Look at the accompanying diagram and let me know your thoughts.

We are trying to organize a conference call for tomorrow, October 5th, to give us all an opportunity to discuss these matters. I look forward to it.





CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

U. J. C. x.

October 6, 1989

Dr. Mac Balfour
President
Ontario Dental Association
234 St. George Street
Toronto, Ontario

Dear Mac:

The joint EDI Sub-Committee held a conference call last night and invited the Management Committee to participate as observers. This was done in order to clarify the direction that we should all take over the next few weeks, as the EDI project gets "down to the short strokes".

In the spirit of cooperation and sharing that I feel should exist, and especially during this period, I think it would be helpful to review with you some of the discussions that took place last night.

A fair amount of time was spent going over the meeting that was held yesterday between the ODA and the Bank of Montreal. Some committee members were surprised that the mechanism used in notifying the CDA, in light of the understanding reached in Toronto two weeks ago whereby either Joel Alleyne or I would be notified on a prior basis about meetings of this nature. From what I have heard, it probably would have been helpful if I, or another member of our committee had been there with you at the meeting with the Bank. I asked Bill Glave if it is possible that in future we observe the protocols agreed to at the last meeting. It is certainly our committee's intention to continue to keep the ODA as fully informed as possible.

.....\2

In relation to this flow of information, there was another concern raised last night. Our Committee is aware that Roy Rennicks and JNL declared a conflict of interest with regard to the Bank of Montreal and others of their clients, this was done when they were hired. However, questions have been asked about the heightened interest that the ODA has taken in Bank of Montreal since JNL has come aboard, the intimate knowledge that the Bank of Montreal has of our committee plans as reported by Bill Glave, vis-a-vis getting the ACE and Shared Health Network groups together, and what went on in the ODA boardroom during the two days of interviewing prospective vendors. All this led some of our committee members to question whether a simple declaration of conflict of interest is enough in dealing with JNL. This of course, is up to the ODA to decide, as the ODA is JNL's client. Bill Glave made it clear to us last night, that although both Mike Killoran and Roy Rennicks have repeatedly advised you to go it alone on EDI, the ODA's commitment to a national EDI system remains strong.

Lastly, I would like to review our reasons for not necessarily choosing a TDSI link network. We are all aware that TDSI is large and competent. So is General Motors, but many people choose another type of company because they require a more specialized, personalized or different vehicle, and they wish to deal with a smaller organization. We are very convinced that our EDI project must succeed the first time out, or it will be badly tarnished in the eyes of the profession. Word of mouth will be very important in marketing EDI to dentists. Shared Health Network's record in its pharmacy pilot in Nova Scotia was not enviable in this regard. The ability of the Bank of Montreal to deliver on time, and respond quickly to personalized needs of an organization such as ours, has been questioned by many, Roy Rennicks, among others. We should also remember that we have decided to do a separate RFP process for our banking value added package, once we get the central and essential EDI claims network decided.

In summary, we feel that we should maintain our decided course, and complete the selection process. We should do this while continuing to keep ourselves open to and aware of our opportunities to expand the numbers of potential insurance companies. You have read my memo regarding my meeting with the companies connected with Shared Health

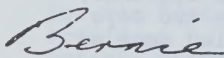
.....\3

Dr. Mac Balfour, President
Ontario Dental Association

Page 3

Network, we intend to keep pursuing that particular avenue. The committee does not feel, given its present understanding of the situation, that a meeting with the Bank of Montreal would be a good idea. If you feel that there is anything in relation to EDI, or any of the matters that have been raised that need further discussion or clarification, please write or call me.

Yours sincerely,



Bernie Dolansky, B.A., D.D.S., M.Sc.
Chairman, EDI Sub-Committee

BD:aw



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

MEMORANDUM

TO: CDA Executive Council
CEO's Corporate Bodies
EDI Sub-Committee
GSA Consulting
Confederation Life, Bill Topfer

FROM: Bernie Dolansky, Chairman, EDI Sub-Committee

DATE: November 8, 1989

SUBJECT: EDI Update

As many of you already know, the ACE Group of insurers and the EDI Sub-Committee met last Thursday to chose a finalist as the supplier for the EDI network that will transmit CDANET data. Our choice was National Data Corporation. The ACE Group is proceeding to negotiate a contract with National Data Corporation and we hope that this will be accomplished in the next seven to ten days.

We have also been negotiating with Shared Health Network to bring their four companies into CDANET. These negotiations have led to an agreement by Shared Health Network to supply the CDA with our required data extract. As well, an agreement to work out a standard transmission format has been reached between ourselves and Shared Health Network. We will accomplish this over the next two weeks. The only outstanding item on our agenda with Shared Health Network is an agreement on a revenue stream back to organized dentistry in return for our endorsement and marketing expertise. Shared Health Network has agreed that this revenue will be negotiated based on our marketing plans. I am hopeful that this will be accomplished by the first week of December.

Hopefully all these elements will fall into place over the next three to four weeks. Presently our lawyers are working on a licensing-joint venture agreement between ourselves and the ACE companies. This will be the first part of CDANET. A separate licensing-joint venture agreement between ourselves and Shared Health Network will be negotiated after we come to terms on our marketing strategy and Shared Health Network's revenue contribution to CDANET.

November 8, 1989

I urge the Corporate Bodies to review their draft agreements with the CDA as our commitments to both ACE and Shared Health Network will be predicated on Provincial Corporate Body participation and commitment to endorse and market CDANET in each of the provinces. This will be done in conjunction with CDA. Please let us know of any problems as soon as possible.

You will note that we are now using a joint venture model for CDANET in order to allow us to encompass the two major insurance groupings under our umbrella. This will allow all our members to access approximately 90% of the potential insurance claim adjudications through CDANET.

Although there have been many stumbling blocks in this final phase of the CDA's EDI project, I think that a successful conclusion is now in sight. If you have any comments or questions, please contact myself or any members of the EDI Subcommittee.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

MEMORANDUM

TO: Please see Distribution List

FROM: Bernie Dolansky, Chairman, EDI Sub-Committee

DATE: November 13, 1989 *Bernie Dolansky*

SUBJECT: EDI Marketing Plan

The Ace Group of Companies in conjunction with CDA has chosen National Data Corporation as their supplier of an EDI network for dental claims. It also appears that Shared Health Network Systems and the CDA are getting closer to an agreement which will allow that company, along with their insurance company members, to become part of CDANET.

We are entering the final phases of putting a national dental network for EDI together. As we get the legal structure in place it appears that we will meet our target date of January 1, 1990 to have CDANET a reality that is ready for the implementation phase.

When we are assured that CDANET meets all of dentistry's requirements for EDI, and it is beneficial for our members, we should then turn our attention to the role of CDA in regard to EDI implementation over the short to medium term. There will need to be an orderly rollout of the EDI system and national promotion of this new technology to Canadian dentists. There are many constituencies that have a stake in this process. Along with CDA and its members (both corporate and individual) these include the EDI networks, participating insurance companies and dental office system vendors. The participating provincial associations have undertaken responsibility for EDI promotion at their level.

The CDA as the central entity in CDANET has been working with Manifest Communications in order to develop a coherent, cooperative marketing plan that incorporates all of these players. We will be meeting with the interested software vendors to have a discussion regarding marketing of EDI on Friday, November 17. Manifest Communications has contacted and will continue to contact as many concerned parties as possible. We hope to have a completed marketing plan by the first week of December so that it can be shared with everyone.

I thank you for your cooperation in this next phase of EDI and look forward to working with you.

DISTRIBUTION LIST

EDI Sub-Committee
CEO's Corporate Bodies
CDA Executive Council
GSA Consulting
ACE Group of Insurance Companies
National Data Corporation
Shared Health Network Systems
Dental Office System Vendors
Brian Henderson
Linda Teteruck
Kimberley Allen-McGill
Ralph Crawford
Fraser Beatty



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

M E M O R A N D U M

CONFIDENTIAL

TO: CDA Executive Council
EDI Sub-Committee
Bill Glave, ODA

FROM: Bernie Dolansky, Chairman, EDI Sub-Committee

DATE: December 13, 1989 *Bernie*

SUBJECT: EDI Update

I would like to emphasize the confidential nature of this communication. It deals with ongoing negotiations in which the "other side" seems to have had an extraordinary ability to find out what we are doing. So please use this memo for your own information only.

The easiest way to deal with this EDI update is by using a chronological format.

Saturday, December 2

Saturday morning the ODA Board held a three hour debate on the subject of Electronic Data Interchange which resulted in a straw vote being taken of the ODA Governors. The vote was 82 to 1 that the ODA Board of Governors empower the ODA Executive Council to proceed with the necessary agreements to implement EDI, conditional on final approval of those agreements by the ODA Board of Governors in May, 1990.

That evening CDA Management and I reviewed the draft CDA Marketing Plan for EDI which had been produced by Manifest Communications. After extensive discussion, I was directed to review the Marketing Plan with the EDI Sub-committee. As well, the Committee was asked to identify those elements of the Plan that would require budgetary expenditures by January 30, 1990.

December 13, 1989

Sunday, December 3

The EDI Sub-committee held a conference call to review the proposed EDI Marketing Plan. The Committee approved the Plan and its strategies and tactics with minor revisions. We also supplied the CDA Management Committee with a proposed budget list that would carry us through to January 1, 1990.

Monday, December 4

I met with Mark Sarner of Manifest to review the proposed Marketing Plan and its budget. We also discussed our methodology for the presentation of the Plan to Shared Health Network Systems (SHNS) on December 6.

Wednesday, December 6

After meeting for breakfast with Mark Sarner, Cathy Beaumont and Ron Dunskey of Manifest Communications, we proceeded to the Shared Health Network Systems meeting. This was held at the offices of Mutual Life of Canada in First Canadian Place, Toronto. We were invited to give a presentation at 9:00 a.m. and present from Shared Health Network Systems were Forrest Waddle, Richard Clitheroe, George Blake and Ron Reynolds. Also present were Dennis Devos of Great-West Life, Don Post of Mutual Life, Robert Allard and another Vice-President from Sun Life as well as John Cartmell of Canada Life. Mark Sarner and I gave a thirty minute presentation which seemed to be well received by Shared Health Network Systems. We received a more negative feeling from the carrier representatives. Our basic message was that SHNS and its insurance companies would become part of CDANET under similar conditions as the ACE group and NDC. These conditions would involve a licensing-joint venture agreement in which CDA would coordinate dentist contacts and marketing in return for a .15 cent royalty. After a thirty minute question and answer period Forrest Waddle indicated that he would get back to me that afternoon.

Thursday, December 7

Forrest phoned to say that SHNS couldn't accept our proposal as presented. He was working "on a proposal that he hoped would be acceptable to all parties".

December 13, 1989

Friday, December 8

The Third Party Committee began a previously scheduled two day meeting. At 9:15 a.m., Forrest called with the following proposal:

1. SHNS would cooperate with CDANET in a joint transmission format.
2. They would give CDA the required data extract.
3. They would pay .05 cents per claim.
4. They wanted no part of CDANET. They requested CDA to endorse SHNS however they wanted to deal directly with dentists on a one-to-one basis. I was told "that dentists are intelligent people who can make their own choices". SHNS saw being part of CDANET as hampering their ability to sell their own hardware and services directly to dentists.

When he told me that he was in a rush and didn't have much time to discuss these proposals at that time, my response was "well save us both a lot of time by getting the money out of the way". Sixty seconds of quick dickering got the nickel to a dime. We agreed to speak later in the day. Also in that discussion I pointed out to Forrest that the American experience seemed to be driving his proposal. In the U.S. dentists tend to be treated individually and on an individual basis by insurance companies, EDI companies, etc. In this way dentistry loses control. After further discussion, he and I agreed that the control issue and the issue of SHNS profile were the main outstanding points of contention between SHNS and CDA.

It didn't take very long for the Third Party Committee, in consultation with Kevin Roach, to decide that this was not acceptable. Later that day I told Forrest that I would consult with the other concerned parties and get back to him on Tuesday, December 12. We had a previously scheduled meeting with NDC that afternoon to discuss value added services. NDC gave an impressive presentation on value-added services. It is clear that they have no wish for a "profile" with dentists nor do they want to deal with dentists directly. They are anxious to work with and be a part of CDANET.

Saturday & Sunday, December 9-10

The rest of the weekend was spent in a flurry of Third Party Committee discussions on EDI and other matters, phone calls and consultations about the situation with Kevin, Jardine, Mac Balfour, Bill Glave, Joel Alleyne, John MacFarlane (CDA lawyer), and Mark Sarner.

Monday, December 11

The ACE Group met in the afternoon. North American Life and Laurentian Imperial have joined the group. As well, twelve smaller carriers attended a special presentation on ACE on the morning of the 11th. The CDA was represented at the meeting by Susan Matheson, Toby Gushue and myself. Things are going well with ACE and CDANET. The last piece that needs to be put in place is the joint venture-licensing agreement which should be available this week for perusal by the ACE Group and the Provincial Corporate Bodies and CDA. We did a presentation on our proposed marketing plan and this was very well received.

I met with the ODA Management Committee that evening. Also present were John Gillies, Mike Killoran and Roy Rennick, the ODA's consultant from JNL. After bringing the ODA up-to-date on what had transpired in the last week or so, we held a discussion on our options in regard to SHNS. In order of preference these are:

1. Tell SHNS that their offer is unacceptable. We would do this in anticipation of waiting for a response to see if SHNS will move off their present offer and/or whether any of their insurance partners will move to ACE.
2. We could make a counter proposal to SHNS. The first one would be that they must join CDANET for pre-determinations and claim submissions. This would be in the same format as ACE, ie. a joint venture licensing agreement. We would also want a .15 cents royalty fee. We would then proceed to try and out-market them on the value added services by forming a partnership with NDC. The second choice for a counter proposal would be a separate agreement for ACE and CDANET, with SHNS having a direct relationship with dentists and the CDA endorsing this relationship. This would be done for pre-determinations and claims only. We

CONFIDENTIAL

- 5 -

December 13, 1989

would have a disclaimer on the value-added services. Obviously, these last two proposals are less desirable than the first one from the Committee's point of view.

After discussing these proposals with the ODA they agreed that they would think about them further and get back to me.

Tuesday, December 12

Bill Glave phoned this afternoon. He reported that John Gillies had spoken to Denis Devos of Great-West Life, Adam Vereshack, the lawyer for the Ace Group and Bill Topfer, Confederation Life. He also informed me that the ODA supports the CDA in option 1, ie. telling SHNS that their offer is unacceptable and waiting to see what their response will be.

Wednesday, December 13

Forrest Waddle telephoned me and I told him that the SHNS offer is not acceptable to the CDA and its provincial partners. Further, we wish to have CDANET as our Canadian method of dealing with Dental EDI. He is familiar with our operating model, our royalty fee of .15 cents is known to him and all the other terms and conditions have been previously discussed.

His response was that his people are willing to go it alone without the CDA. I told him I regretted this however CDA needed a degree of control to go ahead and we agreed to disagree.

I will leave it at that, this is the situation as of 12:00 noon December 13, 1989.

FYI - John MacFarlane
Joel Alleyne
Mark Sarner
John Gillies



ACE

Association for Claims Exchange

RECEIVED

DEC 20 1989

December 20, 1989

Mr. Bernie Dolansky
Chairman, Third Party
Advisory Committee
Canadian Dental Association
1815 Promenade Alta Vista Drive
Ottawa, Ontario.
K1G 3Y6

Dear Bernie,

Since my discussion with representatives of Shared Health last week, Adam Vereshack has had a chance to review the concerns expressed by Shared Health and the subscription agreement prepared by the CDA for use with the Dentists. After considering Adam's comments and those offered by Shared Health it appears to me that the use of the name CDA Net is not practicable for the following reasons:

There will be at least two viable networks. One of them is a corporation with a vested interest in advertising its name and its services, (Shared Health). They want it to be clear to anyone using their network that it is Shared Health transmitting their data and dealing generally with the transaction. They will not accept the subterfuge that it is a CDA network being used for this purpose.

Adam supports the Shared Health view for he believes that once a trademark is created, it may over time, become a valuable asset of its owner. Adam advises that by law, the owner has absolute discretion on who can use the mark and can prevent anyone from using it and that the owner of a trademark can exact whatever royalties it wishes from anyone to whom it grants rights in connection with the mark.

If the trademark used under license by either Shared Health or ACE is 'CDA Net' we will be creating a valuable asset for the C.D.A. at the expense of 'Shared Health' or 'ACE'. This arrangement is unacceptable to Shared Health and ACE.

While the primary purpose of the ACE group is not 'network development', our business is claims adjudication, the members of ACE are totally responsible for any financial obligations incurred in establishing it. By allowing the network to be called 'CDA Net' we would be accepting the CDA's control of this network for at any time the CDA could withdraw the right to use the trademark. In the worst scenario, given a healthy prospering network with a high percentage of Dentists using it, withdrawal of the right of use would create all sorts of problems for the insurers. While the likelihood of a situation such as the one I have outlined is remote, we can't risk it.

As far as the subscriber contract is concerned we believe that there must be a contract in place between the subscribers and the insurers and not just with the CDA. (Adam says, "similar to the merchant agreement that the banks use"). He suggests the best solution in this regard is to have the CDA sign a revised version of the subscribers agreement on your own behalf and also as an agent for the insurers.

Shared Health have advised me that as far as payment is concerned they have offered 10 cents per claim for a period of 3 years subject to an adequate enrollment of Dentists. Ten cents per claim for a period of three years is acceptable as far as ACE is concerned and I think given the situation of more than one network being endorsed by the CDA the payment is fair.

Control of the networks must clearly be retained by the network owners, Shared Health and ACE.

Having said this, we recognize the need for CDA's concerns to be addressed and their rights, (obligations of the network owners to the CDA), protected.

I think all of this can be accomplished by proceeding as follows:

- 1/ Withdraw the name CDA Net, trademark, etc. and accept a network service to Dentists which meets the transmission standards developed and registered by the CDA.

- 2/ The network providers (Shared Health, ACE or any other) meeting the CDA's conditions will be endorsed by the CDA. These conditions, expressly stated in an agreement with the C.D.A., would include payment per claim, data transfer to the CDA, etc.
- 3/ A revised subscribers agreement needs to be prepared.

I am sure that your rights (the CDA's rights) can be adequately protected in this manner, and the marketing of the network is not adversely effected. The ACE network would be available for use by the C.D.A. to market other than claims services.

Given the short time frame for preparing Marketing material, agreements, etc. can you get back to me on this before the new year if possible. We have a management committee meeting planned for the morning of January the 4th really to discuss pricing but if you would like, this topic could be added to the agenda.

J. W. Topfel
RJLH

Claims Vice-President
Group Insurance

JWT:lh

cc: Adam Vereshack
Joel Alleyne
Gary Maxwell
Stuart McRae
Robert Bruce
Michael Horner



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

December 21, 1989

Mr. Bill Topfer
Vice-President
Confederation Life
321 Bloor Street E.
Toronto, Ontario
M4W 1H1

Dear Bill:

I have read your letter of December 20, 1989 with some dismay. I have the terrible feeling that we are retrogressing to the position that our groups were in a year ago. At that time all the issues of how the CDA and the insurers would and should deal with each other were open to dispute. As well, we both brought our somewhat adversarial history to the table. Since then we have learned how to deal with each other. In fact, I believed that we had learned that each side had a need for mutual control over EDI in order for us to work with each other to make EDI a reality in dentistry.

Up until October we had evolved and agreed upon a partnership where ACE and CDA would have joint 50/50 ownership of the ACE network. You would bring the monetary resources to the table and CDA would bring the dental profession into EDI. There were clear benefits and clear control for both sides in this type of arrangement. It was a concept that we brought to organized dentistry's various boards of governors with some confidence and, in fact, with some success.

In October you presented me with a document entitled "Outline of Essential Contents to an Agreement Between ACE and the CDA Re: The Formation of a Dental Network". After a great deal of discussion within CDA and our provincial associations, we decided that we could accept this step down from a 50/50 equity position to a licensing-joint venture agreement under CDANET. It did not afford dentistry nearly as much control as we would have had in the 50/50 equity arrangement. It also has been difficult to get acceptance for this arrangement within dentistry. We have been able to get this acceptance because it gives CDA the minimal amount of control that we require in

Mr. Bill Topfer
December 21, 1989
Page two

EDI and also because it makes sense in the present circumstances. As we see it these circumstances are:

1. The possible existence of a second network in CDANET.
2. It allows ACE to pursue other EDI ventures such as pharmacy, hospital benefits, etc.
3. It allows CDA to pursue value added options on its own for its own members.

In other words, your original proposal of October 1989 meets all the organizational needs of both sides. Although we are not completely happy with it we have gone along with it because there has been enough good will engendered in the process thus far that CDA has felt comfortable with you as our partners. We have expended a lot of time and money to put this concept of yours in place, and for Adam Vereshack to suggest changing it now is not what we would have anticipated at a time when we should be consummating our deal.

While we admire Mr. Vereshack's total dedication to his clients' interests and his efforts to tilt the playing field in favour of his clients, we are not entirely happy with your letter of December 20. I feel that it is detrimental to the spirit of cooperation that a joint-venture such as ours necessitates having an adversarial, uneven relationship. The members of our committee certainly have felt that at times this adversarial spirit has been engendered needlessly. Such an instance occurred at the November 2nd ACE meeting when Adam instigated the expulsion of the CDA from the meeting. We feel that this was both unnecessary and detrimental to the process. We feel the same way about his present advice in regard to the CDANET trademark. Of course, his comments from the legal standpoint and from a "control" point of view are correct. We started ACE as a partnership, it must remain an equal partnership or it won't work. This requires that we treat each other as equals, you own ACE and control the insurers' component; we own CDANET and control the dentists' component; and NDC owns the switch. Together all three elements constitute a network that will work because everybody is comfortable and we need each other. As we have indicated to Shared Health Network Systems, we can settle for nothing less than this type of arrangement. This is no "subterfuge".

.../3

Mr. Bill Topfer
December 21, 1989
Page three

One of the early agreements we reached was that CDA and the insurers would deal with each other, make our arrangements and then bring it to the lawyers. CDA has certainly adhered to this and we feel that it has worked well thus far. I don't know why this adversarial note has re-entered our discussions at this late date.

Put bluntly, a simple CDA endorsement of ACE and/or Shared Health Network Systems coupled with an agreement on a data extract, transmission format and a royalty payment just doesn't cut it. It is too far a cry from where we started. To paraphrase your letter of yesterday, "in the worst scenario given a healthy prospering network with a high percentage of dentists using it, withdrawal of the right of use or withdrawal of the network from the CDA would create all sorts of problems for dentistry. While the likelihood of a situation such as the one I have outlined is remote, we can't risk it."

I must also comment on Adam's misuse of Shared Health Network System as an analogy for our present day situation. As you well know, we have had difficulty seeing eye-to-eye with Shared Health Network for a long time. While we have strived and are presently striving to strike a deal with them, no accommodation is in the immediate offing. We have had the opposite experience with you and the other ACE insurance companies as our history and experience show positive results. You mentioned the Shared Health Network System offer of .10 cents per claim in return for CDA endorsement of their network as if they are a fait accompli. I assure you that this is far from the actual situation. I must say, however, that we had considered the ACE part of our dealings as a done deal. That is why I express my dismay at your letter. The type of arrangement offered by Shared Health Network is simply not one we can accept at this juncture.

In short, we believe we must stay with the structure that we have all worked so hard to achieve. It is workable and will work. I am leaving for two weeks on December 22, I hope this

.../4

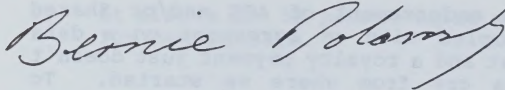
Mr. Bill Topfer
December 21, 1989
Page four

Mr. Bill Topfer
December 21, 1989
Page three

issue is settled by then as any further progress on EDI is impossible without such a resolution.

I wish you the best of the season.

Yours sincerely,



Bernie Dolansky, D.D.S., M.Sc.
Chairman, EDI Sub-Committee

BD:aw

c.c. CDA Management
EDI Sub-Committee
Adam Vereshack, McCarthy & McCarthy
Joel Alleyne, GSA Consulting
Gary Maxwell, Metropolitan Life
Stuart McRae, Constellation Life
Robert Bruce, Ontario Blue Cross
Michael Horner, Aetna Canada
Dr. Bill Glave, ODA
John MacFarlane, Fraser Beatty



ACE

Association for Claims Exchange

December 22, 1989

Mr. Bernie Dolansky
Chairman, Third Party
Advisory Committee
Canadian Dental Association
1815 Promenade Alta Vista Drive
Ottawa, Ontario.
K1G 3Y6

Dear Bernie,

Thanks for getting back to me so quickly on the contents of my December 20th letter.

I don't think that we are retrogressing, sometimes we need to take a step back before we can plunge forward.

ACE members attitude to the CDA is no longer 'adversarial', we think of you as partners even though we have travelled from joint ownership to joint venture. To coin a phrase, "it takes two to tango".

The arrangement proposed by the CDA of licensing ACE carriers and others to use 'CDA NET' doesn't offer 50/50 ownership, control of the network under this arrangement is 100% with CDA.

The name of the network used by ACE members is immaterial to us. 'CDA NET' is fine as long as ACE members have control of the trademark as far as network use is concerned.

I don't know if it is practical or not to jointly register and own the 'CDA NET' trademark. If it is, then perhaps that is the solution. Could someone from your end investigate this.

Another suggestion might be to agree that members of ACE could use the 'CDA NET' trademark (Network), in perpetuity so long as provisions of our joint venture agreement are adhered to.

I am sure that there are solutions to this problem, acceptable to us both.

In any event Shared Health will not agree to this arrangement. They will operate one way or another under their own name. I think the CDA must accept that as a fact and then come to terms with them.

As far as the payment of ten cents per claim is concerned, ACE has agreed to fifteen cents subject to any other network user approved by the CDA paying the same rate.

Shared Health advised me (and you) that they could commit to ten cents for three years. According to Forest Waddle, their insurer members had suggested five cents, ten cents was as far as they would go. We stand by our agreement, but this item must also be resolved.

Bernie, I don't think that we can resolve these issues before you leave for holidays. I suggest that our Management Committee meets with the CDA after your return from holidays. As you know our Management Committee plan to meet on the morning of January 4th, if that day is acceptable to you we could adapt the schedule to meet your needs. If it is better for you we could arrange to have that meeting in Ottawa.

I hope that you have a happy holiday and that you don't dwell too much on the problems of EDI, CDA, ACE or Shared Health while you're away.

Sincerely,

J.W. Topfer
JWT

Claims Vice-President
Group Insurance

JWT:lh
T0373

cc: Adam Vereshack
Joel Alleyne
Steve Beriault
Gary Maxwell
Stuart McRae
Robert Bruce
Michael Horner



Association for Claims Exchange

January 11, 1990

Dr. Bernie Dolansky
Chairman, Third Party
Advisory Committee
Canadian Dental Association
1815 Promenade Alta Vista Drive
Ottawa, Ontario.
K1G 3Y6

Dear Bernie,

Since our discussion on Monday I've given considerable thought to the two factors which stand in the way of our agreement, 'network control' is one, the other is C.D.A.'s inability to come to terms with 'Shared Health'.

The Management Committee of ACE agree that the CDA should continue to pursue obtaining the trade-mark CDANET. We recognize the value of the CDA establishing a network which can be identified as belonging to the dentists. Indeed, we see CDANET as a vehicle for offering a wide range of services to dentists across the country.

We have always supported the concept of a partnership or a 50/50 arrangement, and I can assure you that the change in the legal structure has not been made to adversely affect this partnership.

However, regardless of the legal structure, it was never our understanding that the C.D.A. would exclusively own and control a trade-mark which will form the foundation of the insurers identity. This is not equality.

The scope of ACE has changed since its origin. As you know, we are currently arranging to transmit pharmacy information through the network and have plans under way for optical and hospital claims as well. Accordingly, we have come to recognize that it is essential that the ACE network have an identity separate from the CDA.

With this in mind, we have asked Adam Vereshack to apply for a separate trade-mark to identify the ACE network. (At this point we are considering "ACENet".) This mark will be owned by the members of ACE and used not only in conjunction with dental claims but for all other insurance related network transactions.

Our view is that we should permit each other to use our respective marks which, over time, will gain value and recognition without risk to the other.

As far as 'dental' is concerned CDANET could be the generic Service offering services to the dentists such as InfoGlobe, Credit Card Transactions and ACENet. The rights to and use of these trademarks would be for an indefinite period subject to both parties observing the terms of agreement under which these rights are conferred. For example, ACE accepts your right to some of the claim data to form a data base for your use and agrees to pay C.D.A. a per transaction fee for each dental claim transmitted. C.D.A. agrees to market the network to licensed dentists. Choosing a new network provider for these services, or renewing the anticipated contract with N.D.C. (at the end of the contract period), could be a joint decision.

The above arrangement should give us each the blend of control and autonomy needed to make our 'network' work.

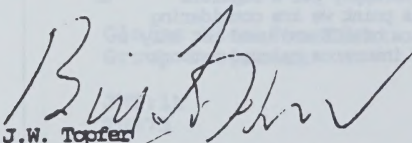
The more I think of the two networks situation the more I am of the opinion that an agreement between you and Shared Health is important to us all. Without such an agreement marketing the network concept to dentists may be well nigh impossible. Access to only 50% of insurers wouldn't appeal to me if I was a dentist. The members of Shared Health might break ranks and join ACE, but that action is unlikely for most of them believe that they can market their network to dentists without the help of your association. A most confusing situation will result which can only have an adverse effect on the marketing and operation of our network.

Then there is the O.D.A. - they appear to have favoured Shared Health all along. I don't think that you will be able to keep them with you if the companies signed with Shared Health can't access the dentists.

If the O.D.A. pulls out of the C.D.A. initiative, we will be forced to negotiate with them as well. The C.D.A. endorsement and marketing commitment will then be worth less to ACE.

I look forward to meeting with you in Ottawa on January 16th at 4 p.m. in Gary Maxwell's office. I hope that at that time we will be able to reach an accord.

Sincerely,



J.W. Topfer
Chairman, Management Committee
ACE

JWT:lh



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

January 15, 1990

Mr. Bill Topfer
Claims V.P., Group Insurance
Confederation Life Insurance Co.
321 Bloor St. E.
Toronto, Ontario
M4W 1H1

Dear Bill:

Thank you for your letter of January 11. It is helpful to have your concerns so clearly stated prior to our meeting tomorrow. One of the areas that you have addressed is the question of the ODA's current position vis-a-vis ACE and the CDA.

The ODA and CDA continue to jointly seek a national EDI system for dentistry. Both associations have agreed that the ODA should again become an active partner in the present negotiations. Therefore, Bill Glave will be joining us at tomorrow's meeting with you and Gary Maxwell.

I continue to be optimistic about the differences between us and I believe that dentistry and ACE can settle these differences to both our satisfaction. I also think that it would be helpful to have our lawyers present tomorrow so that our agreement can be expeditiously put into a legal document. This whole negotiating process that has taken place over the last eight to ten weeks is dragging on too long. Please let Susan Matheson or myself know about the presence of Adam Vereshack and John MacFarlane as soon as possible.

.../2

Mr. Bill Topfer
January 15, 1990
Page two

For your information, Dr. Glave and I will be meeting with Shared Health Network Systems and their group of insurance companies on Wednesday 17th to see if we can come to some accommodation with them as well. I look forward to seeing you at 4:00 o'clock tomorrow.

Yours sincerely,

Bernie Dolansky

Bernie Dolansky, B.A., D.D.S., M.Sc.
Chairman, EDI Sub-Committee

BD:aw

cc: [illegible]

PROFESSIONAL RESOURCE UTILIZATION COMMITTEE

SPECIAL DISCUSSION 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

1. Committee Meeting

The Committee has not met since its last meeting, April 14, 1989.

ITEMS REQUIRING BOARD ACTION

2. CDA Direction

At the October 1989 Executive Council Planning Session, Council took a decision not to proceed with updating of the manpower supply and demand studies, but rather to establish a forum for full discussion and review of the CDA's present and projected activities with regard to the supply of dental manpower.

A segment of the agenda of the 1990 Interim Meeting of the Board of Governors on March 31 was set aside for this purpose.

In order to make optimum use of the time allocated, Corporate Members, Licensing Authorities, Deans of dental faculties, the ACFD, CDAA, CDHA, NDEB, and all others with an interest and concern in this area were asked to provide CDA with any written material which they believed would benefit the discussion, such as:

- (1) Manpower studies and projections which have been completed over the past five years.
- (2) Strategic plans which deal with this issue, identifying priority and action plans.
- (3) Any other written information deemed to be appropriate to the discussion.

A discussion paper developed by Dr. Don MacFarlane, Chairman, Professional Resource Utilization Committee.

APPENDIX I

The reports of the Professional Resource Utilization Committee presented to the Board in 1989 were also provided as information.

RESOLVED:

90.36 THAT given that the priority nature of manpower problems is recognized by this Board, the Executive Council is directed to take the necessary measures to re-evaluate the strategic approach in this area; and,

FURTHER THAT the Executive Council is directed to re-examine this issue at its June meeting and return to the 1990 Annual Meeting with a proposal to strategically deal with the issue including budgetary implications.

ADOPTED

DISCUSSION PAPER - PROFESSIONAL RESOURCE UTILIZATION

To assist in your thinking leading to this discussion at the Board meeting and to focus on the direction you wish to suggest to the Board of Governors, please consider the following areas:

- 1) How does the profession encourage the interest of high quality young people in entering the professions in the dental health fields?
 - What factors do students utilize in deciding on their career choices?
 - Does a perceived over-supply and the perceived change in opportunity affect applicants?
 - What can we learn from other countries that have an oversupply?
- 2) What problems can a supply of resource in excess of demand create?
 - Does CDA have a role to play here?
- 3) Canadians studying outside of Canada
 - It is expected many will choose to return to Canada - what problems can we foresee? - i.e. approximately 160 Canadians are currently studying in USA dental schools.
- 4) Foreign trained dental health professionals living in Canada currently. Does a potential problem exist here?
- 5) Is there a need for professional resource planning on a long term basis?
 - Should this be a provincial or a national responsibility?
 - What groups should be involved?
 - What factors need to be part of an ongoing study?
- 6) Strategic Plan for the Professional Resource Planning in Canada (enclosed is the outline presented by the Committee to the 1989 Interim Board of Governors)
 - Is this a reasonable goal, how would you modify it?

Respectfully submitted,

Don E. MacFarlane, Chairman
PRUC

COUNCIL ON CONSTITUTION AND BY-LAWS

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. G.H. Peacock, Chairman, Saskatoon
Dr. M.J. Crompton, Moncton
Dr. R.A. Schiewe, Thunder Bay
Dr. J. Silver, Vancouver

Executive

Liaison: Dr. F.M. Bourassa, Regina

Coordinator: Mrs. S. Deziel

1. All items being considered within this report were handled through correspondence with the members of Council.

ITEMS REQUIRING BOARD ACTION

2. RESOLUTION 89.76 - 1989 Annual Meeting Board of Governors

89.76 THAT the Committee on Dental Specialties nominate a member to the CDA Council on Accreditation; and,

THAT the CDA Council on Constitution and By-Laws be requested to make the necessary changes to the by-laws to reflect this addition.

ADOPTED

RESOLVED:

90.37 THAT Article XVI, (4) (c), Council on Accreditation be approved as amended.

ADOPTED

APPENDIX A

3. Committee on Student Affairs

In reviewing the Constitution and By-Laws it was identified that within the document the Committee on Student Affairs is still identified as a Council in some places.

RESOLVED:

90.38 THAT Article VI, (6), (c) be approved as amended.

ADOPTED

APPENDIX B

RESOLVED:

90.39 THAT Article VIII, (4), (b) be approved as amended.

ADOPTED

APPENDIX C

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. Appreciation is extended to Mrs. Sandra Deziel and Mrs. Suzanne Burton for their efforts on behalf of Council. Their dedication and co-operation is sincerely acknowledged.

Respectfully submitted,

G.H. Peacock, D.D.S., Chairman
Council on Constitution and
By-Laws

FILING OF REPORT

The Board of Governors accepts the report of the Council on Constitution and By-Laws with appreciation.

Article XVI, Section 4 - Terms of Reference for Councils

(c) Council on Accreditation

The Council on Accreditation shall consist of fourteen members. In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person appointed by the Canadian Dental Association
- (2) One person who is active in Hospital and or Institutional Dentistry appointed by the Canadian Dental Association
- (3) Three persons appointed by the Association of Canadian Faculties of Dentistry, one of which shall be a representative of the Committee of Deans
- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section
- (5) Two persons appointed by the National Dental Examining Board of Canada
- (6) Two persons appointed by the Provincial Dental Licensing Authorities
- (7) One person appointed by the Royal College of Dentists of Canada
- (8) One person appointed by the Canadian Dental Assistants' Association
- (9) One person appointed by the Canadian Dental Hygienists' Association
- (10) A lay person appointed by the Council on Accreditation

The Chairman of the Council on Accreditation shall be elected from among the members of the Council in the following fashion: Any two members of Council may propose and second a nomination to be received directly by the Canadian Dental Association Committee on Nominations, Awards and Trusts. The Canadian Dental Association Committee on Nominations, Awards and Trusts will employ a secret ballot of the Council on Accreditation if more than one nomination is received. If the ballot does or does not result in a tie, the President of the Canadian Dental Association shall on the recommendation of Executive Council make the nomination and ratify the appointment.

The term of office for the Chairman of the Council on Accreditation shall be two (2) years, renewable once by election. Election to Council shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Council on Accreditation.

The Council on Accreditation shall be empowered to make decisions on accreditation standards, policies and processes and may appoint consultants or advisors. It may make recommendations on resources required to support its initiatives. Budgets supporting this Council shall be subject to the approval of the Council on Accreditation and Canadian Dental Association Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation. Summaries of revenues and disbursements shall be provided annually to all constituencies represented on the Council on Accreditation.

It shall be the duty of the Council on Accreditation:

- i) To function as a partnership of organizations and expertise concerned with protecting and furthering the public interest through the accreditation process as applied to educational programs for dentists, dental specialists, dental auxiliaries, dental residencies/internships and associated institutional dental services.
- ii) To ensure that the accreditation process promotes the preparation of competent dentists and dental auxiliaries by:
 - a) defining acceptable national standards as a basis for accreditation;
 - b) establishing comprehensive accreditation requirements for the specific educational programs;
 - c) reviewing each educational program against the appropriate national standard, as set out in the accreditation requirements and identifying programs in compliance with standards;
 - d) cooperating with provincial licensing authorities, the National Dental Examining Board of Canada, and others, as appropriate, with respect to current and developing certification process;
 - e) cooperating with organizations representing dental auxiliaries, Provincial Licensing Authorities and the National Dental Examining Board of Canada with respect to the development of certification requirements and processes for dental auxiliaries.

- iii) To report annually to the Board of Governors of the Canadian Dental Association and all other constituencies.

The Council on Accreditation shall have the power to appoint committees and sub-committees as it shall deem expedient.

PROPOSED

Article XVI, Section 4 - Terms of Reference for Councils

(c) Council on Accreditation

The Council on Accreditation shall consist of **fifteen** members. In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person appointed by the Canadian Dental Association
- (2) One person who is active in Hospital and or Institutional Dentistry appointed by the Canadian Dental Association
- (3) Three persons appointed by the Association of Canadian Faculties of Dentistry, one of which shall be a representative of the Committee of Deans
- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section
- (5) Two persons appointed by the National Dental Examining Board of Canada
- (6) Two persons appointed by the Provincial Dental Licensing Authorities
- (7) One person appointed by the Royal College of Dentists of Canada
- (8) One person appointed by the Canadian Dental Assistants' Association
- (9) One person appointed by the Canadian Dental Hygienists' Association
- (10) **One person appointed by the Canadian Dental Association's Committee on Dental Specialties**
- (11) A lay person appointed by the Council on Accreditation

The Chairman of the Council on Accreditation shall be elected from among the members of the Council in the following fashion: Any two members of Council may propose and second a nomination to be received directly by the Canadian Dental Association Committee on Nominations, Awards and Trusts. The Canadian Dental Association Committee on Nominations, Awards and Trusts will employ a secret ballot of the Council on Accreditation if more than one nomination is received. If the ballot does or does not result in a tie, the President of the Canadian Dental Association shall on the recommendation of Executive Council make the nomination and ratify the appointment.

The term of office for the Chairman of the Council on Accreditation shall be two (2) years, renewable once by election. Election to Council shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Council on Accreditation.

The Council on Accreditation shall be empowered to make decisions on accreditation standards, policies and processes and may appoint consultants or advisors. It may make recommendations on resources required to support its initiatives. Budgets supporting this Council shall be subject to the approval of the Council on Accreditation and Canadian Dental Association Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation. Summaries of revenues and disbursements shall be provided annually to all constituencies represented on the Council on Accreditation.

It shall be the duty of the Council on Accreditation:

- i) To function as a partnership of organizations and expertise concerned with protecting and furthering the public interest through the accreditation process as applied to educational programs for dentists, dental specialists, dental auxiliaries, dental residencies/internships and associated institutional dental services.
- ii) To ensure that the accreditation process promotes the preparation of competent dentists and dental auxiliaries by:
 - a) defining acceptable national standards as a basis for accreditation;
 - b) establishing comprehensive accreditation requirements for the specific educational programs;
 - c) reviewing each educational program against the appropriate national standard, as set out in the accreditation requirements and identifying programs in compliance with standards;
 - d) cooperating with provincial licensing authorities, the National Dental Examining Board of Canada, and others, as appropriate, with respect to current and developing certification process;
 - e) cooperating with organizations representing dental auxiliaries, Provincial Licensing Authorities and the National Dental Examining Board of Canada with respect to the development of certification requirements and processes for dental auxiliaries.

- iii) To report annually to the Board of Governors of the Canadian Dental Association and all other constituencies.

The Council on Accreditation shall have the power to appoint committees and sub-committees as it shall deem expedient.

Article VI, Section 6 - Student Members

- (c) A Student Member shall be entitled to vote in the election of members of the Council on Student Affairs.

PROPOSED

Article VI, Section 6 - Student Members

- (c) A Student Member shall be entitled to vote in the election of members of the **Committee** on Student Affairs.

Article VIII, Section 4 - Vacation of Office

- (b) upon receipt of notification from the Corporate member or the Council on Student Affairs he represents.

PROPOSED

Article VIII, Section 4 - Vacation of Office

- (b) upon receipt of notification from the Corporate member or the **Committee** on Student Affairs he represents.

COUNCIL ON EDUCATION AND ACCREDITATION

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. A. Schwartz, Chairman, Manitoba
Dr. R. Brooke, London
Dr. H. Dick, Edmonton
Dr. D. Fletcher, White Rock
Prof. M. Forgay, Halifax
Dr. B. Graham, Halifax
Dr. L. Harder, North Battleford
Dr. A. LaBounty, Kelowna
Dr. M. Lasko, Manitoba
Dr. J.H.P. Main, Toronto
Mrs. M. Paquin, Vancouver
Ms. J. Robarts, Welland
Dr. G. Rocky, Vancouver
Dr. R. Salois, Sherbrooke
Dr. G. Thompson, Edmonton
Dr. J. Thompson, Saint John
Miss L. Wiltshire, Student Representative, Montreal

Executive Liaison: Dr. B. Sigfstead, Edmonton

Observer: Dr. M. Santangelo, Secretary, Council on Education, American Dental Association

Staff: Mr. B. Henderson, Director Education and Accreditation
Miss S. Matheson, Associate Director, Education and Accreditation
Miss L. Teteruck, Director of Communications
Mrs. L. Emmerson, Coordinator of Accreditation

1. Council Meetings

The Council on Education and Accreditation met for the final time as presently constituted on November 21 and 22, 1989 in Ottawa. Committees 1 and 2 met in the morning on November 21st with the Closed Session being held beginning at 2 p.m. November 21st. The Open Session of Council took place on November 22nd.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Documentation Committee

Dr. Ken Bentley, Chairman of the Documentation Committee reported that a new questionnaire had been drafted for the use of dental hygiene programs applying for accreditation and

that it would be piloted during the Winter 1990 survey schedule to gather feedback from the programs. Guidelines have also been developed to assist the schools in completing survey questionnaires.

3. Continuing Education Committee

Dr. Gordon Thompson, Chairman of the Continuing Education Committee commented on plans for a workshop to be held at the time of the CDA Convention in Ottawa August 1990 for continuing education coordinators, committee members and other interested persons.

4. 1990 CDA Teaching Conference

The 1990 CDA Teaching Conference will be held in Toronto, October 19-20th under the co-chairmanship of Dr. Nina Burgess of the University of Toronto and Dr. Nancy Schwartz, President of the National Institute of Nutrition. The topic for the Teaching Conference will be nutrition in the dental and dental hygiene curricula.

5. 1989 CDA Teaching Conference

A report on the 1989 Teaching Conference on Ethics contained six recommendations, two of which were directed to the Council on Education and Accreditation. These two recommendations requested Council to review accreditation standards and processes as applied to clinical education in dentistry and to instruction in ethics. Council has directed these recommendations to its Documentation Committee for consideration. A motion directed to the Continuing Education Committee of Council requested the CE Committee to investigate possible initiatives supporting development of Continuing Education programs in ethics. The 1989 CDA Teaching Conference, chaired by Dr. Bruce Graham, Dalhousie University received high praise from all who attended.

6. Certification and Licensure of Dental Specialists

Discussion Paper 2 on Certification and Licensure of Dental Specialists has been widely circulated and was discussed at the meeting of Provincial Licensing Authorities in December with Mr. Henderson.

7. DAT Committee

Council received a status report on the survey conducted by members of the DAT Committee concerning Canadian students in U.S. schools and found the number much higher than a year ago. It was suggested that the majority of these graduates may be interested in returning to Ontario to practice and that the Royal College of Dental Surgeons of Ontario, the Ontario Dental Association and the Dental Faculties in the province should be made aware of these figures.

Discussion of the topic resulted in a decision that a representative from the N.D.E.B. be invited to the DAT Committee as an observer when this topic is on the agenda of the DAT Committee meeting.

8. Reports

Council received reports from the following organizations/committees with thanks:

National Cancer Institute of Canada
Student Affairs Committee
Canadian Fund for Dental Education

9. Surveys

Reports on the following programs were reviewed at the November meeting of Council:

University of Manitoba, Oral Surgery
Laval University, Oral Surgery
University of Toronto, DDS/DMD
Dalhousie University, DDS/DMD
Dalhousie University, Periodontics

Camosun College, Dental Assisting
College of New Caledonia, Dental Assisting and Dental Hygiene
Malaspina College, Dental Assisting
Red River Community College, Dental Assisting
Northern Alberta Institute of Technology, Independent Study
Program Dental Assisting
Okanagan College, Dental Assisting
Vancouver Community College (VVI), Dental Assisting
Cegep Edouard-Montpetit, Dental Hygiene
Cegep Maisonneuve, Dental Hygiene
Cegep Trois-Rivieres, Dental Hygiene

10. Interim Chairman of New Council on Accreditation

Since the new Council on Accreditation does not meet until November 1990 and it is responsible for the selection of its own Chairman, the Council on Education and Accreditation has nominated Dr. Arthur Schwartz as interim Chairman and Dr. Kevin Roach, CDA President, has confirmed the appointment. This will permit continuity in the transitional period, and the election of a Chairman will take place according to the procedures defined in the CDA Constitution at the November 1990 meeting of the Council on Accreditation.

11. Summary

This marks the final report from the Council on Education and Accreditation. Two new Councils have now been formed and the CDA Board of Governors will be receiving a report from both the Council on Education and the Council on Accreditation at its next meeting. The new Councils will continue to carry out the responsibilities related to education and accreditation. I would like to express appreciation for the support provided in this regard by Mr. Brian Henderson, Director of Education and Accreditation, Miss Susan Matheson, Associate Director and Mrs. Lorraine Emmerson, Coordinator of Accreditation.

Respectfully submitted

Dr. Arthur Schwartz, Chairman
Council on Education and
Accreditation

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Council on Education and Accreditation as information.

COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members of the CDSPI Board of Directors at December 27, 1989 are:

Dr. D.W. Allen, Atlantic Provinces
Dr. G.F. Copithorne, British Columbia
Dr. J.M. Dillon, Manitoba
Dr. B.H. Dolansky, Ontario
Dr. G. Dubé, CDA
Dr. D. Montminy, Québec
Dr. R.L. Rasmussen, Alberta
Dr. J.N. Wright, CDA
Dr. R.R. Schiewe, Ontario

Members of the CDSPI Management Committee are:

Dr. J.E. Durran, Burlington - President
Dr. R.L. Moran, Toronto - Treasurer
Dr. M.D. Charendoff, Toronto - Secretary

Observers at the CDSPI Board are:

Dr. C.R. Hill, Saskatchewan
Dr. R. Sexton, Newfoundland
Dr. R.A. Turcotte, New Brunswick
Dr. G.S. Zwicker, Nova Scotia

This report includes all items of business which require CDA Board action and also all information which has become available since August 26, 1989. The CDSPI Board met on August 27-28, 1989 and December 3-4, 1989.

ITEMS REQUIRING BOARD ACTION

1. Office Contents Insurance - Automatic Increase

This recommendation has received approval from the CDA Executive and requires ratification by the CDA Board.

RESOLVED:

90.40 THAT effective January 1, 1990, CDIP office contents and practice interruption be increased by 5%; with any participant being able to refuse this increase by notifying CDSPI in writing.

ADOPTED

2. CDA RSP Administration Fee

Considerable negotiations with Laurentian Investment Management has resulted in the following. This recommendation has received approval from the CDA Executive Council and requires ratification by the CDA Board.

RESOLVED:

90.41 THAT the formula for Management of the CDA RSP funds with Imperial Life and Laurentian investment management be renewed for a three year period commencing January 1, 1990, with a 90-day cancellation clause on the basis of:

Money Market Fund	.15 Of 1%
Equity, Fixed Income, Balanced Funds:	
First \$15,000,000	.40 Of 1%
Next \$15,000,000	.33 Of 1%
Next \$20,000,000	.25 Of 1%
Over \$50,000,000	.20 Of 1%
Calculated and payable monthly.	

THAT CDSPI receive as an administration fee from the plan the following:

Money Market Fund	.40 Of 1%
Equity, Fixed Income, Balanced Funds	.55 Of 1%
GIC Fund	.38 Of 1% (unchanged)
Calculated monthly.	

ADOPTED

The result of these negotiations and acceptance of the formula means that the CDA RSP is able to provide its participants with administration and money management for a fee of less than 1%, regardless of the Fund that is utilized as the investment vehicle.

The Council on Insurance and Investment wishes to inform the CDA Board that there is now in place a monitoring system which allows us to recognize any major changes in performance at an early date and we review this performance regularly with both our consultants and Laurentian Investment Management.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION3. CDIP Plan Improvements

The following Motions were passed at the August 1989 Board Meeting. The Council on Insurance and Investment recommended acceptance of the following motions.

Executive Council approved them on behalf of the Board of Governors and circulated to members as required by CDA By-Laws.

THAT effective January 1, 1990, certain exclusions be deleted under the disability plans; such items are outlined in the TPF&C July 1989 report.

THAT effective January 1, 1990, there would be automatic Children's Coverage under the Dependents' Life Plan.

THAT effective January 1, 1990, an alternative COLA option under the LTD plan be introduced.

THAT effective January 1, 1990, there be the addition of a presumptive disability provision under the LTD plan.

THAT effective January 1, 1990, the maximum Office Overhead Benefit be increased to \$15,000 per month.

THAT effective January 1, 1990, CDIP introduce a Maternity Leave Benefit under the Office Overhead Expense Plan.

THAT effective January 1, 1990, the Basic Life Plan introduce Gender Related Premium Rates.

The changes recommended in the Motion were presented to the CDA Executive. Due to timing requirements, the change with respect to the introduction of a maternity leave benefits presents some problems relative to the position of a female associate and the utilization of this program. CDSPI management has been instructed to further investigate and clarify the benefit as it relates to current associateship arrangements.

4. **Apprentice Member of the CDSPI Management Committee**

Dr. James Wright was unanimously approved by the CDSPI Board at its August meeting as the new member designate of the CDSPI Management Committee. Dr. Wright will assume full Management Committee member status as of January 1, 1991. During 1990, he will attend and take full part in all Management meetings of CDSPI.

5. **1988 National Experience and Statistical Report**

As you are aware, each year CDSPI produces such an experience and statistical report on CDIP. It contains information on experience, financial results, participation etc., which in part is obtained from the respective insurers.

In the first week of December 1989, financial information for 1988 was finally received from Imperial Life. TPF&C have also completed their audit. At the time of this report the material is being completed to prepare the final CDIP Statistical report for 1988. This will be going to the CDSPI Board of Directors for approval at our April 1990 meeting. A copy will be forwarded to the CDA following that meeting. All corporate members will then receive their respective provincial report.

The 1988 financial statements from Imperial life indicate that the CDIP Life Plan had a deficit for that year. It should therefore be noted that for 1988 there is no surplus to be considered by the Executive Council for distribution.

6. **Special Claims (Late Submissions)**

As of October 31, 1989, there were eight open claims that are still receiving monthly benefits. All others have returned to work.

The date of September 30, 1989, was set by the CDA as the final date for accepting any more of these types of claims. This gave a claimant almost 18 months in order to qualify.

Our lawyers have filed statements of claim for the appropriate claimants in order to protect the CDA rights to sue if that becomes necessary.

7. Electronic Data Interchange

CDSPI continues to take a strong interest in the success of the CDA project. The CDSPI Board passed the following Motion at its August 1989 meeting.

THAT CDSPI, working with the CDA EDI Committee and their consultant, continue to investigate possible areas where CDSPI can contribute their services to the EDI program.

The CDSPI Board also passed the following Motion at its December 1989 meeting.

THAT the CDA be authorized to use CDSPI's EDI software demo within their marketing strategy. The CDA will be responsible for any costs involved in the utilization of the software and of the people using it. The people using it will be properly trained and the CDA agrees that the EDI demo software will not be copied.

These two Motions confirm CDSPI's intent to co-operate in any way possible with the CDA in the successful introduction of EDI to the dentists of Canada.

8. Home and Building Insurance

The following Motion was passed at the December 1989 CDSPI Board meeting.

THAT in relation to the feasibility of offering a home and building insurance program as part of CDIP, CDSPI should discuss with the provincial Associations the areas of conflict and level of interest; and if there is determined to be interest and a minimum of conflict, a feasibility study is to be done to determine the need of the profession.

This Motion describes the present status of this idea, and the action that is being taken by CDSPI in order to assist in the decision to proceed.

9. Eligibility

The CDSPI Board discussed the subject of eligibility at its April 1989 meeting. It was finally agreed that the present procedure regarding eligibility of individuals should be retained at this time, but that the CDSPI Board recognizes the CDA's concern in the area of eligibility of participants and would welcome suggestions from the CDA Executive Council on how to deal with this. CDSPI Management met with the CDA Management in June 1989, and it was agreed that CDSPI would obtain some numbers in order to assess the impact of any strict eligibility rules.

These statistics were produced and are found as Appendix "A" attached. This information was provided to the CDA at the end of July 1989, along with a request for suggestions from the CDA Executive Council.

APPENDIX A

The CDA Executive considered the problem and the attached letter (Appendix "B") was received and considered at the CDSPI December 3 and 4, 1989, Board Meeting. Clarification was received by the CDSPI Board from the CDA representatives and the following Motion was passed:

APPENDIX B

THAT because the CDA Executive Council has adopted the principle that all participants in CDIP must continue to be members of the CDA or a participating Corporate Member, CDSPI Management should investigate all the mechanics for achieving this including, but not confined to, new members of programs and present members wishing to increase their coverage; how the contracts would have to be changed; marketing considerations; and any other pertinent matters that Management thinks would be relevant.

Respectfully submitted,

John E. Durran, D.D.S., Chairman
Council on Insurance and
Investment
President, CDSPI

FILING OF REPORT

The Board of Governors accepts the report of the Council on Insurance and Investment with appreciation.

STATISTICS BY PLAN OF INELIGIBLES ON CDIP

AS AT JULY 28, 1989

Ontario (By Plan)

<u>B.L.</u>	<u>D.L.</u>	<u>AD&D</u>	<u>LTD</u>	<u>OOE</u>	<u>O.C.</u>	<u>P.I.</u>	<u>CGL</u>	<u>MLP</u>
134	22	91	85	39	54	35	70	4

°There are 184 Ineligible Dentists

1 Grad

3 Employees

188 (who do not have or are not associated with a dentist having membership in the ODA or CDA)

°The numbers by plan distribute that 188 based on what coverage they have.

°The four Malpractice coverages represent Ottawa area dentists who also practice in Québec.

Québec (By Plan)

<u>B.L.</u>	<u>D.L.</u>	<u>AD&D</u>	<u>LTD</u>	<u>OOE</u>	<u>O.C.</u>	<u>P.I.</u>	<u>CGL</u>	<u>MLP</u>
26	6	27	19	6	17	15	27	34

°There are 22 Ineligible Dentists

1 Hygienist

23 (who do not have or are associated with a dentist having membership in the CDA or QDSA)

Foreign and U.S. (By Plan)

<u>B.L.</u>	<u>D.L.</u>	<u>AD&D</u>	<u>LTD</u>	<u>MLP</u>
10	1	3	4	3

°There are 12 Ineligible Dentists

1 Hygienist

13 (who are not eligible by membership in the CDA or a provincial association or associated with an eligible dentist)

°These individuals are outside of Canada and may or may not return.

Other (By Plan)

	<u>B.L.</u>	<u>AD&D</u>	<u>LTD</u>	<u>P.I.</u>	<u>MLP</u>
New Brunswick		1			1
NWT	1		1		
P.E.I.	1	1		1	

°There are three dentists having the above coverages in the noted provincial/territory areas who do not show as CDA members. We are investigating.

NOTE: All those with O.C., P.I., CGL, MLP., will receive a letter before 1990 renewals telling them that they will not be renewed unless eligibility is verified. All other coverages remain "frozen" but active under current procedures.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE EXECUTIVE DIRECTOR / CABINET DU DIRECTEUR GENERAL

November 2, 1989

Mr. Kingsley Butler
Executive Vice-President
Canadian Dental Service Plans Inc.
Suite 600, 2 Lansing Square
WILLOWDALE, Ontario
M4J 4Z3

Dear Kingsley:

Re: Eligibility - CDIP

Executive Council has reviewed the request from the CDSPI Board for further direction on the subject of eligibility to participate in CDIP. The statistics provided by you on current ineligible were also taken into consideration.

The Executive Council has adopted the principle that all new participants in CDIP must be members of the CDA or a participating corporate member. In approving this principle, Council has further directed that there be no retroactivity applied to this membership stipulation, that it apply to new participants only, and that it be applicable to CDIP and non-CDIP packages. The necessary action should be taken to ensure that this principle is written into any contracts relating to CDIP or other insurance packages.

Should the CDSPI Board require further clarification of this item, it will be provided by our representatives to the CDSPI Board.

Sincerely yours,

Jardine Neilson
Executive Director

c.c.: Executive Council

FDI NATIONAL TREASURER

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

1989 FDI WORLD CONGRESS

AMSTERDAM, THE NETHERLANDS

SEPTEMBER 2-8, 1989

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The 1989 FDI World Congress in Amsterdam attracted 2,046 dentists from around the world. Canada had the third highest attendance with 131 Canadian dentists enjoying this major event. Her Majesty Queen Beatrix of the Netherlands attended the opening ceremonies and afterwards met with the senior officers of the FDI. The keynote speech at the ceremonies was presented by the former Minister of Foreign Affairs and former Secretary General to NATO, Dr. J.M.A.H. Luns.

At the General Assembly business meetings, Canada was officially represented by Dr. Kevin Roach, CDA President and Dr. Robert Hicks - FDI National Treasurer - Canada. The Alternate Delegates were Brigadier General James Wright and Dr. George Beagrie. Brigadier General Fred Begin and Mr. Jardine Neilson, Executive Director were also in attendance as observers. Former CDA President, Dr. William Thompson honours Canada as the FDI Treasurer.

The following Canadians participated in the Commission infrastructure of FDI during 1989-90:

Commission on Oral Health, Research and Epidemiology

Standing activity on Chief Dental Officers

Chairman: Dr. W.R. Bedford

Consultants to the Commission:

- Dr. W.R. Bedford
- Dr. A. Duney
- Dr. J.B. Epstein
- Dr. J. Hardie
- Dr. D. Kandelman
- Dr. N. Levine
- Dr. M. MacEntee
- Dr. R. Moran

Commission on Dental Education and Practice

Working Group 11 - Distance Learning

Leader: Dr. G.S. Beagrie

Consultants to the Commission:

- Dr. E.R. Ambrose
- Dr. G.S. Beagrie
- Dr. M. Boyd
- Dr. D. Donaldson
- Dr. R.B. Gilliland
- Dr. G. Kravis
- Dr. M. MacEntee

Commission on Dental Products

- Dr. R. Barolet
- Dr. J.H. Bridges
- Dr. J.G.L. Lovas
- Dr. F. Pulver
- Dr. C. Torneck

Commission on Defense Forces Dental Services

Commission Chairman: Brigadier General J.N. Wright

Consultants to the Commission:

- Brigadier General J.F. Begin
- Brigadier General W. Thompson

FDI SCIENTIFIC SESSIONS

The Amsterdam meeting had four main themes for its scientific sessions:

- (a) Esthetics - An Expanding Field in Dentistry
- (b) The Challenge of the Ageing Patient
- (c) Is There a Place for Amalgam in Modern Dentistry
- (d) AIDS

Clinicians from various countries presented informative sessions through a variety of topics on these main themes. Dr. George Zarb (University of Toronto) was the Canadian lecturer addressing the main themes with his lecture on "Treatment Strategies for the Terminal Dentition in Elderly Patients". Other Canadian lecturers were Dr. Bill Bedford (Current Issues in Oral Health Planning and Manpower; plus Dental Public Health Role in Infection Control), Dr. Keith Davey (The Canadian/Mozambique Dental Therapy Training Experience), Dr. George Beagrie (Open Session Commission of Dental Education and Practice - Quo Vadis Dentistry) and Dr. George Zarb (Perspectives in Preventing Prosthodontics).

Another highlight of the program was a special session on the subject of toothpaste. All major toothpaste manufacturers worked together to produce a symposium on the "state of the art" in toothpaste - fluoride, anti-tartar agents, and anti-plaque agents were under discussion.

ANNUAL WORLD CONGRESS SITES

Singapore will host the 1990 FDI World Congress from September 8-14, 1990. Early registration must be before May 1. Registration forms are available from the CDA Headquarters. It is important to note that FDI supporting memberships will not be available to purchase at the World Congress, as they have in the past. You must purchase your FDI membership through the CDA before registering.

Future sites are:

- 1991 - Milan, Italy (October 7-13)
- 1992 - Berlin, Germany (September 20-26)
- 1993 - Gothenburg, Sweden
- 1994 - Vancouver, Canada
- 1995 - Hong Kong

BUSINESS SESSIONS

The General Assembly approved a budget for 1990 estimating income at £641,300, an excess of expenditure over income of £7,300. To achieve this level of income, it was necessary to increase the FDI supporting membership subscription to U.S. \$25, from U.S. \$22.

The new President of the FDI is Dr. Ruperto Gonzales-Giralda of Spain. The new President-Elect is Dr. Kazuo Yamazaki, President of the Japan Dental Association.

The present FDI Executive Director, Dr. J.E. Ahlberg will be retiring in July 1990. The General Assembly expressed their appreciation and gratitude for the many years of service that Dr. Ahlberg has provided to FDI. The new Executive Director is Dr. Per Ake Zillén from Sweden.

A meeting of the National Treasurers dealt with methods to increase individual memberships in each country. Canada had the third highest increase in new members - 66 new FDI members. FDI is computerizing its membership data which will be very beneficial to Canada. In addition, there was an excellent training session for National Treasurers chaired by Dr. William Thompson (Canada) and presented by Ms. Paula Perich from the American Dental Association.

TECHNICAL DOCUMENTS

The following are guidelines, policy statements and technical papers approved by the General Assembly. All of these documents are available from the FDI Headquarters.

1. Commission on Oral Health, Research and Epidemiology
"Promoting Oral Health: Guidelines for Dental Associations"
2. Commission on Dental Education and Practice
 - a) "Guidelines for Dental Identification Procedures"
 - b) "Oral Economic Surveys: Basic Methods"
 - c) "Principles for Workplace Planning in Dentistry"
3. Commission on Dental Products
 - a) "Dentin Bonding"
 - b) "Alternative Casting Alloys for Fixed Prosthodontics"

Guidelines:

- a) Guidelines for Evaluation Programs for Dental Products.
- b) Guidelines for Dental Dealers.
- c) Guidelines for Post-Marketing Surveillance and Performance Evaluations of Dental Biomaterials.

As this is my final report on FDI issues, I would like to sincerely thank the CDA Board of Governors for providing me with the opportunity to serve as Canada's National Treasurer to FDI.

Respectfully submitted,

Robert N. Hicks, D.D.S., M.S.
National FDI Treasurer - Canada

FILING OF REPORT

The Board of Governors receives with appreciation the report of the FDI National Treasurer as information.

**THE ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY
L'ASSOCIATION DES FACULTÉS DENTAIRES DU CANADA**

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Association of Canadian Faculties of Dentistry has recently undertaken a strategic plan. Stemming from this activity has come the realization that the Association should be reorganized.

A reorganization plan has been drafted and circularized to the members of the Association and, at the present time, the Executive Committee is putting the finishing touches to the reorganization plan for submission to the Annual Meeting of the Association which will be held in Quebec City in June 1990.

Apart from its consultative activity in many aspects of the Canadian Dental Association's various committees relating to education, etc., the Association has been most active over the last year in the field of faculty development. The Association runs Summer Teaching and Management Institutes for faculty members and, in February, will be holding the first Institute of this nature for Deans and Associate and Assistant Deans. This unique enterprise has caught the imagination of our U.S. colleagues who may be either joining the Canadian Institute or running their own institutes. We are very grateful to the Canadian Fund for Dental Education for its support of this program and to Dr. John Eisner and his colleagues for their contribution to the programs.

We look forward to further dialogue with the Canadian Dental Association. We are disappointed that the Association has been denied a seat on the Board of Governors. We have so many problems in common at the present time that it would appear to make good sense to have this closer tie. We certainly appreciate the support and good relationship which exists between the Association of Canadian Faculties of Dentistry and the Canadian Dental Association.

Respectfully submitted,

Ralph I. Brooke, President
Association of Canadian
Faculties of Dentistry

FILING OF REPORT

The Board of Governors receives the report of the Association of Canadian Faculties of Dentistry as information.

CANADIAN DENTAL ASSISTANTS' ASSOCIATION

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Dental Assistants' Association welcomes this opportunity to report to the Board of Governors on the activities during this term of office.

1. The 1989 Annual Meeting

The Board of Directors and Annual Meeting of the Association was held in Vancouver, British Columbia, August 25 and 26th.

2. The 1990 Convention

The Annual Convention of the C.D.A.A. will once again be held in conjunction with the C.D.A. in Ottawa. Mrs. Diane Pike has been appointed Convention Chairperson of the C.D.A.A. for 1990-91.

3. Committees

The following Committees have recently been established:

Strategic Planning	Susan Anhold - Chairperson
Government Relations	Diana Hiebert, Chairperson
Awards, Honors & Distinctions	Gail Armitage, Chairperson
Ethics	Dorothea Lorenz, Chairperson

4. Certification

The production of the National Board Exam, Level I, has been on hold, pending financial support. Various agencies, Associations and governing bodies have been contacted for support. To date, we have received \$600.00 through loans and donations.

5. Membership Levy

The C.D.A.A. continues to promote the membership levy to the Provincial Licensing Boards. To date, only the provinces of Prince Edward Island, New Brunswick, and Nova Scotia have implemented the levy.

6. National Dental Assistants Recognition Week

The week of March 25 - 31, 1990, has been proclaimed as National Dental Assistants Recognition Week. The theme of this year is "Today... Tomorrow... Our Future".

The educationally qualified dental assistant is a highly competent individual possessing skills and knowledge of value in patient care. Each dental assistant acts at all times as a representative of the dental profession. Because we have attained the standards that characterize a profession, it is time for the other branches of dentistry and the public too - to accept us as the professionals we are.

This week allows us to be in the public eye - to gain recognition for the profession we belong to.

The Canadian Dental Assistants' Association is pleased with the open communication with the Canadian Dental Association. It is important to the future of dentistry that the Associations continue to work together as a team - the Dental Health Team!

Respectfully submitted,

Ellen McCloskey, C.D.A.
President, C.D.A.A.

FILING OF REPORT

The Board of Governors receives the report of the Canadian Dental Assistants' Association as information.

CANADIAN DENTAL FOUNDATION

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Foundation

Directors: Dr. Bradley Holmes, President, Kenora
Mr. Ron Bonar, Vice-President, Toronto
Mr. Jardine Neilson, Secretary-Treasurer, Ottawa
Mr. Don Pamenter, Halifax
Dr. Arthur Schwartz, Winnipeg
Dr. John Silver, Vancouver
Dr. Doug Smith, Belleville

Coordinator: Martha Vaughan

MEETINGS

1. The CDF Board of Directors has met once since the annual meeting of the CDA Board of Governors, on November 24, 1989. The Management Committee of the CDF, whose members are the President, Vice-President and Secretary-Treasurer had a separate meeting in Toronto on October 3 to discuss investment strategies for the Foundation. The Committee has received investment proposals from six companies. An investment plan and banking policy will be established in 1990.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. The CDF Board meeting discussions centered on proposals for fundraising activities. Mr. Jim Daly, Director of Private Funding for the University of Manitoba was invited to the Board meeting and delivered a very informative and enlightening presentation on the various approaches to fundraising. The CDF Directors are currently working on developing a Mission Statement as part of a Strategic Plan, including goals, objectives and activities.
3. The Foundation received a request from the CDA to reimburse the Association for the costs of operating the Sydney Wood Bradley Memorial Library for 1989. The request for \$127,850.00 was granted by the CDF Board.
4. The Directors have selected a logo design for the Foundation, which was prepared by an Ottawa-area graphic arts student.

5. The By-Laws of the Foundation were reviewed and certain amendments were made on the advice of the legal counsel for the Foundation.
6. The date of the next meeting will be March 2, 1990.

Respectfully submitted,

Dr. Bradley Holmes, President
Canadian Dental Foundation

FILING OF REPORT

The Board of Governors receives the report of the Canadian Dental Foundation as information.

CANADIAN DENTAL HYGIENISTS' ASSOCIATION

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. CDHA Executive 1990

The CDHA Executive Council for 1989-90 includes President: Henry King - B.C., President-Elect: Myrna Frizell - Alberta, 1st Vice-President: Terry Mitchell - Nova Scotia, Immediate Past-President: Ellen Williams - Ontario.

2. 1990 Meetings

January 31	ADHA/CDHA Liaison - Chicago
February 2-4	Council Sessions - Ottawa
March 30-31	CDA Interim - Ottawa
April 1-2	Executive Council - Ottawa
April 27-29	Certification Meeting - Ottawa
June 23-24	Professional Conference - Winnipeg
June 25-26	Board of Directors - Winnipeg
August 24	Executive Council - Ottawa

3. CDHA Restructuring

CDHA Board of Directors initiated a Strategy Planning project at the June 1988 Annual Meeting to facilitate the future-oriented development of the profession of dental hygiene. Strategic planning will focus CDHA's long range planning on the issues and the changing environment in which we operate.

As part of the process of reviewing our Mission Statement and Goals a new organizational structure emerged as a national extension of these goals:

- Professional Development
- Public Relations
- Practice & Regulation
- Member Services

Executive Council serves as the management co-ordinating function to provide leadership to the structure as a whole. In streamlining the organization structure, the Board of Directors recognized the problems inherent in effectively managing a national organization in Canada where geography and diversity place constraints on communication. The original committee structure was identified as ineffective for an organization with limited financial resources. It is our

intent that the Council structure will enhance the decision making ability of the Board of Directors since each and every Director becomes a member of one of the five Councils, and is involved in the planning for all facets of that Council's activities.

4. **Task Force on Future of Dental Hygiene**

In 1988 a Task Force was established to develop a conceptual and practical plan for the future of dental hygiene practice and education. A final report was presented to the Board in June, approved and has been printed in the winter issue of the CDHA Journal.

5. **Practice Standards Workshops**

The establishment and utilization of Practice Standards are accepted as being fundamental to quality assurance in health care. Clinical Practice Standards have been established for dental hygiene in Canada (1988) as part of the Working Group in the Practice of Dental Hygiene in Canada. Practice Standards can only affect quality of dental hygiene care if they are understood and implemented by dental hygiene practitioners. CDHA is conducting continuing education workshops which will assist dental hygienists in using the Practice Standards in their practice settings. The first of these workshops was held in Winnipeg in February 1990.

6. **National Certification**

A proposal for a dental hygiene national certification exam has been developed, and recommendations for a national certification process have been developed. The CDHA Board of Directors has approved cooperation with the CDA Council on Education and Accreditation to identify related knowledge for the skills outlined in the Competency Profile for Dental Hygiene. A meeting with regional representation is planned for April 1990 in Ottawa.

7. **Professional Conference**

In 1990 the University of Manitoba is planning a 25th dental hygiene reunion in Winnipeg June 21-24. In conjunction with this event, CDHA is holding a 2 1/2 day professional conference. The University of Manitoba reunion and CDHA conference will share one day of speakers and social events as well as planning additional separate programs.

8. CDA Guidelines for Supervision of Dental Hygienists

CDHA remains concerned in the formation of this document. Criticism of this document regarding implementation of Dental Hygiene programs in the public health setting has been received by both CDA and CDHA. It is our hope that CDA will adopt a collaborative approach and agree to address concerns raised.

9. National Dental Hygiene Week

Planning has begun for National Dental Hygiene Week which will continue to be held the third week of October to correspond with the American Dental Hygienists' Association campaign. The dates of the campaign are October 14-20, 1990.

10. CDA Convention 1990

CDHA is working with Dr. Jahjah and his staff to ensure active participation of our Association in CDA annual convention in Ottawa, August 1990.

11. Dental Health Month

CDA has initiated discussion with CDHA to develop a united approach regarding health promotion activities.

12. National Dental Hygiene Survey

Information is available from the Canadian Dental Hygienists' Association National Census Survey providing data on the occupational profile of Dental Hygienists in Canada and factors associated with their patterns of workforce participation and practice activities. Requests for information can be sent in writing to the Canadian Dental Hygienists' Association Central Office in Ottawa.

Respectfully submitted,

Henry King, President
Canadian Dental Hygienists'
Association

FILING OF REPORT

The Board of Governors receives the report of the Canadian Dental Hygienists' Association as information.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

Board of Trustees:

Dr. Ted Ramage, Chairman
Mr. Robert Cajolet, Vice-Chairman
Dr. Greg Baird
Dr. Louis Bernier
Dr. David Singer
Mr. Lee Maddison
Dr. Donald O'Connor
Dr. Bill Sharun
Dr. Arnold Steinbart
Dr. Gordon Thompson
Mr. Jardine Neilson, Ex-officio

Executive Secretary:

Mrs. Julie Hentschel

1. Meetings

The Canadian Fund for Dental Education has not met since its report to the 1989 Annual Meeting; business was conducted by correspondence and telephone.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. 1989 Income

Our records have been closed off now for 1989 and, although the audited statement has not yet been prepared, I am confident that these figures are accurate.

Total income from all sources was \$336,634, up from last year's total of \$318,031. This increase is due in part to a 12% increase in dentists' donations and to the considerable donation of over \$7,000 received from the estate of Dr. J.O. McCutcheon. The increase in income from investments of over \$9,000 was due to a redesigning of the investment portfolio to optimize the return against CFDE's capital investments.

CFDE INCOME

	1989	1988
Dental Profession	\$ 90,572	\$ 88,239
Mancini Fund	8,400	3,958
McDonald Fund	4,415	1,233
Barrett Fund	3,320	-
Dental Organizations	27,824	30,190
Dental Hygienists	660	1,385
Business & Industry	113,370	111,080
Living Memorial	8,685	8,875
Tributes	575	550
Other Contributors	7,891	100
Investment Income	69,257	60,218
Sundry Income	1,665	12,203
TOTAL RECEIPTS	\$ 336,634	\$ 318,031

3. 1989 Disbursements

The CFDE Trustees approved grants totalling \$210,552 for 1989, compared to the actual grants disbursed of \$214,444 in 1988. The Board was pleased to be able to offer this substantial amount to further dentistry in Canada.

4. 1989 Operating Expenses

Operating expenses for 1989 decreased to \$100,238 from \$106,342.

5. Management Committee Meeting

In order to better analyze the financial data presented here, the Management Committee meeting is scheduled for January 28, 1990.

6. Nicholas A. Mancini Fund

As the income received towards this new fund has surpassed the pre-determined goal of \$10,000, plans are under way with Dr. Nicholas Mancini to establish guidelines for its utilization. Donations to this fund are continually being received by CFDE.

7. George W. Barrett Memorial Fund

At the 1989 meeting of the CFDE Board of Trustees, it was decided that this fund, established in memory of Dr. George W. Barrett, would be used in future as an Endowment Fund with interest earned being put into an annual grant for needy undergraduate dental students. This grant is open to one or more undergraduate dental students in any year. The Fund now stands at \$13,340. Donations to this Fund are welcome at any time.

8. Appreciation

It is a pleasure to report that personal gifts from dentists soared to an unprecedented \$106,707 in 1989. This sound commitment from the dental profession has played a major role in enabling the Fund to continue its significant contribution to Canadian dentistry during 1989. On behalf of my fellow Trustees and all those who have benefitted from CFDE's support, may I express my most sincere appreciation.

Thanks must also be extended to all of the organizations which contribute so much of their time and funds, and who generously promote CFDE at meetings and in their publications.

I would also like to thank all my fellow colleagues on the CFDE Board of Trustees, and our Executive Secretary, Mrs. Julie Hentschel, for their hard work and dedication in keeping the Fund strong and growing.

Our goal in the nineties is to seek many new supporters as well as increased contributions from present sources. This is necessary if we are to continue promoting increased dental awareness and improving the level of dental health care.

May I express my sincere gratitude to all who contributed to CFDE in 1989. Your support is as much appreciated as it is needed. I look forward to your continued and generous help in 1990.

Respectfully submitted.

Ted Ramage, D.D.S.
Chairman, CFDE Board of Trustees

FILING OF REPORT

The Board of Governors receives the report of the Canadian Fund for Dental Education as information.

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The National Dental Examining Board of Canada (NDEB) reviewed events over the past decade which related to this Annual Meeting agenda and expressed commitment to the ongoing challenge to be responsive to the needs of the provincial licensing authorities and the public they serve.

The NDEB addressed agenda items as follows:

1. Current Graduate Certification

- a) In light of recent changes in the accreditation process, e.g. the 7-year accreditation cycle, the NDEB established a Task Group to explore whether the granting of a certificate on the basis of accreditation alone continues to be acceptable, and to report its findings and recommendations to the Executive Committee by April 1990.

The Task Group will be chaired by Dr. G.S. Beagrie with Drs. K.C. Bentley and P.A. Watson (NDEB appointees to the Council on Accreditation), A.F. LaBounty and R. Salois as members. The CDA Council on Accreditation has been invited to appoint one of its members to the Task Group at the Council's expense.

- b) An Invitation from the CDA Council on Education and Accreditation to send an observer to attend DAT meetings dealing with Canadian students in U.S. dental undergraduate programs, initiated the following motion which was carried:

"WHEREAS the mandate of the National Dental Examining Board of Canada is "to establish qualifying conditions for a single national standard certificate of qualifications for general practitioner dentists" (Act of Parliament),

and

WHEREAS in accordance with the Canadian Charter of Rights and Freedoms and those of all provincial human rights legislations, all applicants for certification are given equal consideration and opportunity by the NDEB,

BE IT RESOLVED THAT

the NDEB disassociate itself from recent initiatives by the Canadian Dental Association and its Council on Education and Accreditation in the actions taken to recruit undergraduate Canadian dental students presently in United States dental schools and thereby provide special status for this group without due regard to the pool of applicants already in Canada and to those Canadians in undergraduate dental programs in other parts of the world."

c) **CDA Request for Increase in the NDEB Grant to Support the Accreditation Process**

The NDEB expressed its strong support and commitment to the accreditation process but noted that it had only one source of funds for this purpose, namely student fees. There was general agreement that the NDEB is prepared to pay its fair share of the accreditation costs of undergraduate dental programs in Canada. Concern was expressed, however, about the manner in which these costs had been presented.

The NDEB allocated an additional \$10,000 for accreditation for a total grant of \$28,000 in 1990. This represents the CDA requested NDEB share of the total accreditation budget less the DAT deficit. The Board did not accept the rationale for subsidizing applicants taking the DAT. It was felt that DAT costs are more appropriately born by those taking the test.

The NDEB will give further consideration to adjusting this amount upon receipt of an audited financial statement of the CDA Council on Accreditation showing the expenses and income for each section i.e. undergraduate, specialty, auxiliary and hospital programs.

2. **EXAMINATIONS**

The NDEB adopted reports from the written and clinical examination committees which annually review the entire examination process. No changes were made in examination content for 1990.

3. **BY-LAWS**

The NDEB adopted a new By-law which states that effective January 1, 1990, a candidate has the privilege of taking each part of the clinical examination (A,B,C) two times. A candidate who fails any part of the clinical examination (A,B,C) two times will be required to repeat the comprehensive examination.

4. LEGAL ACTIVITY

The NDEB was informed that leave to appeal had been granted in the Supreme Court of Canada in the NDEB's dispute with the Ontario Human Rights Commission over jurisdiction.

The NDEB was also informed that the British Columbia Council of Human Rights had completed the investigation of a complaint against the NDEB. The NDEB was told by the British Columbia Council of Human Rights that the results of the investigation did not support further proceedings.

5. EXTERNAL REVIEW OF NDEB BY-LAWS AND POLICIES

The NDEB agreed to engage the Honourable W.D. Parker to conduct a review of the By-Laws and Policies of the NDEB.

6. REPORTS FROM OTHER ORGANIZATIONS

The NDEB was addressed by the President of the CDA, the Chairman of the CDA Council on Education and Accreditation, the President of the RCDC and the representative from the CDA Committee on Student Affairs.

7. OFFICERS OF THE BOARD

President	- Dr. A.L. MacLean
President-Elect	- Dr. A.F. LaBounty
Past-President	- Dr. H.M. Dick
Executive Committee Members	- Dr. R.C. Baker
	- Dr. R.G. Canning
Executive Director & Registrar	- Dr. G. Kravis
Administrative Officer/Treasurer	- Mrs. F. Dawes

8. MEETINGS DATES - 1990

Executive Committee - 23 April	Toronto
Executive Committee - 11 November	Ottawa
Annual Meeting - 12 & 13 November	Ottawa

9. EXAMINATION DATES - 1990

Written	14, 15 & 16 May 1990	*
Clinical - PART A	22 & 23 May 1990	Montreal
- PART B	25, 28 & 29 May 1990	Montreal
- PART C	30, 31 May & 1 June '90	Montreal
Comprehensive	14 May to 1 June 1990	Montreal

Clinical - PART A	7 & 8 August 1990	Vancouver
- PART B	10, 13 & 14 August '90	Vancouver
- PART C	15, 16 & 17 August '90	Vancouver

Written 15, 16 & 17 October '90 *

Clinical - PART B	14 & 17, 18 December 1990	Montreal
- PART C	19, 20 & 21 December 1990	Montreal

* selected university centers

Respectfully submitted,

A. MacLean, President
National Dental Examining
Board of Canada

FILING OF REPORT

The Board of Governors receives the report of the National Dental Examining Board of Canada as information.

THE ROYAL COLLEGE OF DENTISTS OF CANADA

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

Annual Meetings

The 1989 Annual Meeting of the Council of the RCDC was held in Vancouver on August 26th. The second term of office of Dr. Simon Weinberg, Toronto, Oral and Maxillofacial Surgery (OMS) came to an end at that meeting, and the new Councillor for that specialty was Dr. Guy Maranda, Québec City. The two-year term of office of the President (Dr. R.L. Moran, Toronto) and Vice-President, (Dr. C.G. Baker, Edmonton) also expired, and elections were held. The 1989/90 Council is as follows:

President	C.G. Baker, Edmonton
Past President	R.L. Moran, Toronto
Vice President	Guy Maranda, Québec City
Registrar, Secretary-Treasurer	J.E. Speck, Toronto
Examiner-in-Chief	K.C. Titley, Toronto
Dental Public Health	G.W. Thompson, Edmonton
Dental Sciences	C.L.B. Lavelle, Winnipeg
Endodontics	P.R. Dow, Kelowna, B.C.
Oral and Maxillofacial Surgery	Vacant - election being held
Oral Pathology	R.J. McComb, Toronto
Oral Radiology	C. Price, Vancouver
Orthodontics	C. Baril, Montréal
Pediatric Dentistry	M.D. Charendoff, Toronto
Periodontics	E.E. Chesko, Vancouver
Prosthodontics	M.T. MacEntee, Vancouver

At the Convocation also held on August 26th, 11 new Fellows and 23 new Members were admitted to the College, bringing total numbers to 379 Fellows and 328 Members. The total number of licensed specialists in Canada is 1503.

The 1990 Annual Meeting, Convocation and K.J. Paynter Memorial Symposium will be held in conjunction with the CDA meetings and Convention in Ottawa in August. The subject of the Symposium will be "Esthetics in Dentistry", and we have received the acquiescence of the CDA Convention General Chairman Dr. Jahjah on this choice.

Examinations

Fellowship and Membership examinations were offered in June and December, 1989, with the following results:

	<u>Fellowship</u>		<u>Membership</u>	
	<u>Pass</u>	<u>Fail</u>	<u>Pass</u>	<u>Fail</u>
Dental Public Health	1	-	-	-
Endodontics	-	-	1	-
Oral and Maxillofacial Surgery	5	2	7	1
Oral Pathology	1	-	-	-
Orthodontics	2	-	3	-
Pediatric Dentistry	3	-	4	2
Periodontics	-	1	6	1
Prosthodontics	-	-	-	1
	---	---	---	---
	12	3	21	5
	---	---	---	---

Written examinations were held in California, Vancouver, Edmonton, Winnipeg, London, Toronto, Québec City, Halifax, and Leeds, U.K. with the Membership orals and Fellowships in Vancouver, Edmonton, Toronto and Montréal.

The College has again sustained a financial loss on the examinations, and Council approved an increase in examination fees for 1990 to \$700 from \$650. The fee for re-sits will be \$500, and for credentials review only \$250.

The second term of Dr. H. Jack Hann, Chief Examiner in Dental Public Health, expired on December 31, 1989, and his successor is Dr. David Banting from the University of Western Ontario, appointed for an initial three year term to 1993. Another new Chief Examiner effective 1990 is Dr. Fred Muroff, Montreal, who succeeds Dr. Allen Wainberg in Periodontics. Dr. Wainberg found it necessary to resign because of other work commitments.

Workshop for Examiners

In anticipation of a possible inspection of the College's examination procedures as a result of the CDA's efforts in trying to establish a national specialty certification standard, and to reinforce the College's credibility as an arbiter of specialty practice standards, the Council of the College has given approval for a workshop for Membership examiners to be held in April, 1990.

The purpose of this workshop will be to:

- (i) produce a uniform procedures manual for each specialty on the conduct of its examinations and the minimum expected standard of its candidates.
- (ii) discuss a uniform format for the written component of the Membership Examination and produce a bank of examination questions.
- (iii) discuss a uniform format for the oral examinations and establish a bank of standard material for use in the examinations.
- (iv) establish an evaluation system which is capable of analysis.
- (v) make provision for continual update of the examination process as it evolves.

Two or three psychometrists at the University of Toronto who are acknowledged experts in medical examination techniques will be conducting this workshop and each of the College's Chief Examiners has named three examiners to participate (the exception is the OMS specialty which will have five participants due to that specialty's larger numbers and a decentralized examining operation). The CDA and the NDEB will both be sending representatives as observers.

Credentials Committee

The second term of Dr. Ralph Brooke as Chairman of the College's Credentials Committee expired at the end of the 1989 and I am pleased to advise that Dr. Donald Lewis, Toronto has accepted this position for an initial three-year term effective January 1, 1990.

Respectfully submitted,

Charles G. Baker, President
RCDC

FILING OF REPORT

The Board of Governors receives the report of the Royal College of Dentists of Canada as information.

CANADIAN ACADEMY OF ENDODONTICS

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Academy of Endodontics held its 25th Annual Meeting at the Four Seasons Hotel in Montreal on September 21-24, 1989. Academicians from the Canadian Dental Schools met Thursday morning in a Teachers' Workshop conducted by Dr. John Eisnor of the State University of New York at Buffalo. Clinicians for the scientific session included Dr. David Pashley of the University of Georgia who spoke on "Dentin Dynamics", Dr. Joe Williams of Boston University who spoke on "Root Fractures" and Dr. George Zarb from the University of Toronto who spoke on "Osseointegrated Implants". The highlight of the meeting was the President's Dinner where all previous Presidents of the organization were honored. Dr. John Phillips of Oshawa, Ontario, a Past-President of the Academy and its outgoing Executive Secretary of nine years was also honored for being a recipient of the CDA Award of Merit this year.

The next interim meeting of the Academy's Executive will be at the Nova Hotel in Toronto February 18, 1990. Items on the agenda will include:

1. Proposing changes to the Endodontic section of the CDA Uniform System of Coding and List of Services.
2. CDA Assessment of Specialists - \$10.00 fee
3. Certification and licensure of Dental Specialists in Canada.

The new Executive of the Canadian Academy of Endodontics for 1989-90 includes Dr. Carl Hawrish, Edmonton, President; Dr. Barry Chapnic, Toronto, President-Elect; Dr. Sharma Sinanan, Vancouver, Treasurer; Dr. Stephan Brayton, Halifax, Executive Secretary; Dr. Wayne Acheson, Winnipeg, Constitution and By-laws; and Dr. Lorne Chapnick, Toronto, Past President.

Next year's meeting of the Academy will be in Saskatoon, Saskatchewan on September 13-16, 1990 and the following year at the Digby Pines, Nova Scotia August 21-24, 1991.

Information concerning the Annual Meetings of Canadian Academy of Endodontics can be obtained from the new Executive Secretary of the Organization:

Dr. Stephan Brayton, Exec. Sec.
Canadian Academy of Endodontics
5991 Spring Garden Road
Halifax, Nova Scotia B3H 1Y6
PH: (902) 429-0477, FAX (902) 422-0989

Respectfully submitted,

Stephan Brayton, Executive Secretary
Canadian Academy of Endodontics

FILING OF REPORT

The Board of Governors receives the report of the Canadian Academy of Endodontics as information.

CANADIAN ACADEMY OF ORAL RADIOLOGY

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The annual general meeting of the CAOR was held on August 27, 1989 in Vancouver, British Columbia. Major points of discussion included: an apparent lack of regulations dictating the qualifications of personnel taking radiographs in dental offices in British Columbia and the appointment of a non-radiologist to head the radiology program at the University of Western Ontario. There was a lengthy discussion of the justification of accrediting undergraduate courses leading to dental degrees when dental faculties remain bereft of a qualified oral radiologist. The potential for litigation was also discussed.

The scientific session included the following papers:

Secondary hyperparathyroidism in post-transplant renal patients.
L. Lee and M. Pharoah

Tooth fragments in the lip and tongue. D. McDonnell

Osteomyelitis of the mandible in a patient with dysosteosclerosis.
G. Packota

Medical diagnostic radiation - a significant contaminant of doses to nuclear veterans and atomic bomb victims. B. Pass and J.E. Alderich.

Twenty-five year follow-up of mandibular fibrous dysplasia.
C.G. Petrikowski.

The correlation between arthrographic disc morphology and position and the radiographic assessment of condylar position and degree of translation. M. Pharoah and N. Gaik.

Members of the CAOR presented the first workshop on the Principles and Practice of Oral Radiologic Interpretation in conjunction with the annual CDA Convention. This workshop included the following presentations:

A systematic approach to radiologic interpretation. D.W. Stoneman
Malignancy. C.G. Baker

Odontogenic cysts and their radiologic differential diagnosis.
D.C. Hatcher.

Fibro-osseous lesions. M.J. Pharoah

Radiopaque lesions. C. Price

The nasopharynx revised. A. Ruprecht

The workshop was well attended and more successful than anticipated.

Respectfully submitted,

Michael Pharoah, D.D.S., M.Sc., F.R.C.D.(C)
Secretary-Treasurer, Canadian Academy of
Oral Radiology

FILING OF REPORT

The Board of Governors receives the report of the Canadian Academy of Oral Radiology as information.

CANADIAN ACADEMY OF PERIODONTOLOGY

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

As defined in the CDA By-Laws, Terms of Reference for Sections: Article XVII(B) (vii), I would like to report on behalf of the Canadian Academy of Periodontology for the 1990 Interim Meeting of the CDA Board of Governors.

1989 has been an active year for the Canadian Academy and we have seen substantial growth in membership and in organization of the specialty body. The highlight of our 1989 year has been the Annual Meeting and Scientific Program held in May in Toronto where we had a record attendance and enjoyed a clinical program of academic excellence and clinical relevance. The C.A.P. is currently in the planning stages for the Annual Meeting to be held in Montreal on May 27 through 30, 1990 with subsequent meetings being held in Vancouver in 1991, Ottawa in 1992, and Edmonton in 1993. In addition, the Canadian Academy of Periodontology is currently developing a symposium under the chairmanship of Dr. Richard Ellen, Department of Periodontics, University of Toronto, on Geriatric Periodontal Delivery to be held in the spring of 1991. Planning for this symposium is progressing at this time and information on the details will be forthcoming early in 1990.

A number of areas of interest have been actively developed during the 1989 year by the Canadian Academy. Notably, under the chairmanship of Dr. Peter Munns of Vancouver, the Insurance and Alternate Delivery Committee of the Canadian Academy of Periodontology has worked very actively with CDA to develop the USCLS program being implemented in January of 1990. Dr. Munns' efforts and the co-operation developed between him and the CDA Committee has led to substantial improvements in the procedural codes and definitions being made available to general practitioners. I would hasten to emphasize that it is a position of the Canadian Academy of Periodontology that although this is a substantially improved document over the initial submission, there are a number of areas of concern remaining, and we will be working in an open and communicative way with your committee through the chairmanship of Dr. Munns to improve this document over the next several years so that it fairly represents the current state of the practice of periodontics, both at the general and specialty levels. This will be of particular interest to the Canadian Academy as the implementation of a USCLS for Specialty Sections is being developed for release and implementation in early 1991. I would like to thank the CDA and particularly Dr. Don MacFarlane and his committee for their openness and willingness to address concerns of the Canadian Academy and Dr. Munns' and his committee. We feel that ongoing co-operation and participation of this nature will lead to

a vastly improved list of procedural codes that accurately represents the current state of the art in the practice and delivery of periodontal care to the Canadian public by the dental profession. We look forward to working with Dr. Toby Gushue who has assumed the responsibilities of chair of this committee from Dr. Don MacFarlane. Dr. Peter Munns will be continuing in his capacity of chairman of this committee for the Canadian Academy of Periodontology for a further two years.

The Canadian Academy has been actively developing, under the Chairmanship of Dr. Sid Golden, Chairman, Public and Professional Relations, a program to increase communication and professional understanding between periodontists and general practitioners. This is a committee that will be active in the next several years with the overall emphasis at improving communications between specialty and general practitioners in the delivery of periodontal care to Canadian patients. It is in the spirit of co-operation and mutual support that this committee is developing programs to heighten awareness of the need for delivery of periodontal care and to improve the overall quality of the delivery of this care in the coming decade.

Dr. James Wright has served as C.A.P. Liaison to the CDA for several years now. Dr. Wright has announced his intention to step down from the position, effective January 1, 1990 and Dr. Ian Vogan, who has represented the Canadian Academy for several years as CDA Liaison will assume Dr. Wright's position and the two committees of the Canadian Academy will be amalgamated so that Dr. Vogan will represent the Canadian Academy as CDA Liaison and Specialty Section Representative.

The Canadian Academy of Periodontology has developed a closer communication with the American Academy of Periodontology in recent years. As you are aware, most members of the Canadian Academy and, in fact, periodontists in Canada, are also members of the American Academy of Periodontology and an increased level of communication and co-operation has been developed in the past several years to enhance and develop the delivery of periodontal care in Canada. To this end, the American Academy will be meeting in Vancouver in 1991 and the Canadian Academy of Periodontology will be meeting in Vancouver at the same time. The Canadian Academy will be joining the American Academy for their continuing education program and holding some joint social programs. We feel that this will provide a superior continuing education opportunity for dentists in Canada in the field of periodontal science and therapy.

The Canadian Academy of Periodontology continues to grow and represent the interests of periodontics and periodontists in Canada. As members of the Canadian Dental Association, we greatly appreciate the strength and direction shown by CDA in recent years and look forward to improved communication and co-operation in the coming decade. National and regional issues that affect the practice and science of periodontics will require open dialogue and although the number of periodontists in Canada is relatively small, there has been considerable growth in the specialty in recent years and the Canadian Academy of Periodontology will continue to develop to represent the interests and concerns of the individual periodontist in the delivery of periodontal health care in dental therapy in future years.

Respectfully submitted,

Dr. Gary M. Foshay, President
Canadian Academy of Periodontology

FILING OF REPORT

The Board of Governors receives the report of the Canadian Academy of Periodontology as information.

CANADIAN SOCIETY OF PUBLIC HEALTH DENTISTS

REPORT TO THE 1990 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

Here are the most salient points of the activity of the Canadian Society of Public Health Dentists during 1989.

Annual Business Meeting

The CSPHD held its 1989 Annual Meeting and scientific session in Vancouver on August 27, just prior to the Canadian Dental Association convention. The minutes of the meeting are included with this report. Some points of interest are presented below.

- Membership in CSPHD

In order to unite forces and strengthen the voice of dental public health, and to give those working in that field the opportunity to join, many in the CSPHD favor extending membership to non-dentists, with a slight change in the name of the association. According to instructions received previously from the general assembly, the Constitution and By-Laws committee presented a motion to accept as an associate member a dental hygienist who has demonstrated to the satisfaction of the Membership Committee that his/her primary commitment is in the advancement of dental public health. The motion was defeated.

- The Canadian Journal of Community Dentistry

Essentially for reasons of production costs, it had been decided in the fall of 1988 to suspend the publication of the Journal. A partial replacement followed in the form of a newsletter prepared by the then-president, Dr. Jack Hann.

During the last general assembly, the executive was instructed to make the necessary arrangements to have an information publication for the Society. To this aim, Dr. Jean-Robert Vincent (Faculty of Dentistry, University of Montreal) was elected chairman of the Communications Committee and Editor of the new publication. He had prepared a plan to revive the Journal. An issue of the new Journal, under the same title, has already been published in Fall '89.

- Community Dental Health Research Coordinating Committee

In 1988, the CSPHD established the above-named committee to formulate goals and priorities in dental public health research, assist in obtaining funds for future research and help in the implementation of such research, as outlined in the report of the Working Group on Dental Research in Canada (the MacDonald Report).

Consistent with the first point - to establish goals and priorities in community dental health research - a formulation grant application was prepared and presented by the committee to NHRDP (National Health Research Development Program). Unfortunately the application was rejected.

The CSPHD is now considering, with the committee, the possibility of organizing a symposium on community dentistry research in Canada.

- Next Meeting: in Ottawa, in August 1990.

Scientific Session (August 89, Vancouver)

Following the business meeting, a very informative scientific session took place. The presentations are listed below.

"Beyond Lalonde? Health Care and the Health of Populations". Prof. Robert Evans, health economist, University of British Columbia.

"Dental Public Health Trends From a Federal Perspective". Dr. William Bedford, Senior Consultant, Dentistry, Health and Welfare Canada.

"A School Food Policy in Québec". Dr. Benoit LaFontaine, Senior Dental Consultant, Québec Ministry of Health and Social Services.

"New Policy directions in B.C. Dental health Programs". Dr. Malcolm Williamson, Director, Dental Health Services, Ministry of Health, B.C.

Participation of the CSPHD in various capacities

- Requirements for approval of a graduate/postgraduate program in dental public health

On behalf of the Society, Dr. Jack Hann reacted, after consultation, to the document, observing that too much emphasis, for public health needs, appeared to be put on clinical sciences. Recommendations were forwarded to C.D.A., pointing out that while clinical abilities are important, program requirements should not "detract from the primary commitment of public health dentists to health promotion, health protection and rehabilitation at the community level". It was also suggested that a future amended draft of the "Requirements" be sent back to specialty sections before official approval.

- Steering Committee on Dental Health Promotion

The Society is currently represented on this advisory group to NHW' by Dr. Peter Cooney, Executive Director, Dental Health Services, Manitoba Department of Health. As a result of the work of this Committee, a protocol for a national dental epidemiological survey is being prepared. Some members of the Society are involved with this preparation.

- Discussion Paper II on Certification and Licensure of Dental Specialists

Comments to be sent to the CDA Ad Hoc Committee (Schwartz) are in preparation by the executive of the CSPHD.

- Specialty Editor

Dr. Don Lewis, Faculty of Dentistry, University of Toronto, has been chosen as specialty editor (dental public health) for the Journal of the Canadian Dental Association.

- Committee on Dental Specialties

The Society's President, Dr. Benoit LaFontaine, is our representative on this Committee.

Respectfully submitted,

Benoit LaFontaine, President
Canadian Society of Public
Health Dentists

FILING OF REPORT

The Board of Governors receives the report of the Canadian Society of Public Health Dentists as information.

R. Bracken, Secretary to the Executive Director
P.R. Crawford, Editor
S. David, Manager - Executive Services
E. Henderson, Director of Education and Accreditation/
Professional Services
S. MacIsaac, Associate Director, Education and Accreditation
J.R. Neal, Director of Administration
J. Tolson, Director of Communications
M. Vaughan, Librarian

MEMBERS

NAME

ANNUAL MEETING

BOARD OF GOVERNORS

CANADIAN DENTAL ASSOCIATION

ASSEMBLÉE ANNUELLE

DU BUREAU DES GOUVERNEURS

L'ASSOCIATION DENTAIRE CANADIENNE

OTTAWA, ONTARIO

AUGUST 24-25
LE 24 ET 25 AOÛT

1990

W. Adams
C. Allen
C.G. Baker
R.D. Berven
J. Blackmore
M. Bracken
K. Butler
M. Charneyoff
T. Conway
P.L. Cyr
C.E. Daly
M.B. Daykin
J. Dufour
W. Dunn
R. Ellis
M. Finzell
J.C. Gellis
D. Gellis
C.O. Harris
S. Holmes
K. Kitchin
G. Kitchin
M. Lammie
W. Lippert
R.E. Linn
G. MacDonald
A. MacLean
P. McCarroll
E. McCreary
D. McFarlane
R.H. McInnes
B. Morrison
K. Montgomery
R. Munro

Association of Dentists of Ontario
Canadian Dental Society
Canadian Dental Society, Quebec
Province of Manitoba
Province of Ontario
Province of Quebec
Province of Saskatchewan
Province of Alberta
Province of British Columbia
Province of New Brunswick
Province of Nova Scotia
Province of Prince Edward Island
Province of Newfoundland
Province of Yukon
Province of Northwest Territories
Province of Nunavut
Province of Ontario
Province of Quebec
Province of Saskatchewan
Province of Alberta
Province of British Columbia
Province of New Brunswick
Province of Nova Scotia
Province of Prince Edward Island
Province of Newfoundland
Province of Yukon
Province of Northwest Territories
Province of Nunavut

Canadian Dental Hygienists' Association
Dental Board of Ontario
Dental Association of Ontario
Dental Association of Quebec
Dental Association of Saskatchewan
Dental Association of Alberta
Dental Association of British Columbia
Dental Association of New Brunswick
Dental Association of Nova Scotia
Dental Association of Prince Edward Island
Dental Association of Newfoundland
Dental Association of Yukon
Dental Association of Northwest Territories
Dental Association of Nunavut
Dental Association of Ontario
Dental Association of Quebec
Dental Association of Saskatchewan
Dental Association of Alberta
Dental Association of British Columbia
Dental Association of New Brunswick
Dental Association of Nova Scotia
Dental Association of Prince Edward Island
Dental Association of Newfoundland
Dental Association of Yukon
Dental Association of Northwest Territories
Dental Association of Nunavut

CDA STAFF

R. Beaulieu, Secretary to the Executive Director
P.R. Crawford, Editor
S. Deziel, Manager - Executive Services
B. Henderson, Director of Education and Accreditation/
Professional Services
S. Matheson, Associate Director, Education and Accreditation
J.R. Neal, Director of Administration
L. Teteruck, Director of Communications
M. Vaughan, Librarian

OBSERVERS

NAME

AFFILIATION

W. Adams	Province of Nova Scotia
G. Albert	Association of Canadian Faculties of Dentistry
C.G. Baker	Royal College of Dentists of Canada
B.D. Barrett	Dental Association of Prince Edward Island
J. Blackmer	Province of New Brunswick
M. Boucher	Ordre des dentistes du Québec
K. Butler	Canadian Dental Service Plans Inc.
M. Charendoff	Canadian Dental Service Plans Inc.
P. Cooney	Province of Manitoba
P.L. Cyr	Nova Scotia Dental Association
C.P. Daly	Newfoundland Dental Board
M.N. Deyette	Canadian Forces Dental Services
J. Dufour	Province of Québec
W. Dunn	Royal College of Dental Surgeons of Ontario
R. Ellis	Royal College of Dental Surgeons of Ontario
M. Frizell	Canadian Dental Hygienists' Association
J.C. Gillies	Ontario Dental Association
D. Gutkin	Third Party Committee - CDA
G.D. Harle	Alberta Dental Association
B. Holmes	Canadian Dental Foundation
K. Knoblauch	College of Dental Surgeons of Saskatchewan
G. Kravis	National Dental Examining Board of Canada
M. Lawton	Newfoundland Dental Association
W. Leggett	Ontario Dental Association
B.E. Leroy	Alberta Dental Association
G. MacDonald	Newfoundland Dental Association
A. MacLean	National Dental Examining Board of Canada
P. McCarvill	Dental Association of Prince Edward Island
E. McCloskey	Canadian Dental Assistants' Association
D. McFarlane	Province of Ontario
R.H. McIntyre	Manitoba Dental Association
B. Martinello	Alberta Dental Association
K. Montgomery	Royal College of Dentists of Canada
R. Moran	Canadian Dental Service Plans Inc.

OBSERVERS

<u>NAME</u>	<u>AFFILIATION</u>
M. Overbey	American Dental Association
K. Ozcan	CDA Student Governor-elect
D. Pamenter	Nova Scotia Dental Association
M. Peikoff	Manitoba Dental Association
T. Ramage	Canadian Fund for Dental Education
B. Rocky	College of Dental Surgeons of British Columbia
R. Romcke	Province of Prince Edward Island
J.C. Rooney	New Brunswick Dental Society
J.G. Thompson	New Brunswick Dental Society
R. Thordarson	College of Dental Surgeons of British Columbia
J. Wright	Canadian Dental Service Plans Inc.
C. Worobey	Canadian Dental Hygienists' Association
K. Zakariasen	Dalhousie University

**CANADIAN DENTAL ASSOCIATION
BOARD OF GOVERNORS**

OFFICERS & OFFICIALS

Chairman of the Board of Governors
Secretary to the Board of Governors

N.A. Mancini
A.J. Neilson

EXECUTIVE COUNCIL

K.L. Roach, President
J.W. Niedermayer, Past-President
G. Dubé, President-Elect
L. Allen, Vice-President

B. Dolansky
B. Dolman
B. Sigfstead

R. Smith
R. Wenn
B. White

BOARD OF GOVERNORS

ALBERTA

G.R. Sandercock
R.D. Sandilands
B. Sigfstead

NEWFOUNDLAND

T. Gushue

PRINCE EDWARD ISLAND

R. Wenn

BRITISH COLUMBIA

J. Diggins
D. MacFarlane
R. Smith
P.H. Trester

NOVA SCOTIA

I. Vogan

QUÉBEC

M. Blain
B. Dolman

AFFILIATE (QUÉBEC)

M. Plamondon

MANITOBA

J. Dillon

ONTARIO

R.M. Balfour
J.R. Brookfield
B. Dolansky
W. Glave
D. Somer
W. Steggles

SASKATCHEWAN

B. White

NEW BRUNSWICK

R. Murray

**CDN. FORCES DENTAL
SERVICES**

J.F. Begin (Friday)
M. Deyette (Alt-Sat)

STUDENT REPRESENTATIVE

L. Wiltshire

HEALTH & WELFARE

W.R. Bedford

VETERANS AFFAIRS

J.C. Tsafaroff

Recording Secretary: Mrs. S. Burton

COUNCIL/COMMITTEE CHAIRMEN

A. Schwartz (Accreditation)
G.H. Peacock (Constitution & By-Laws)
J. Gryfe (Community & Inst. Dentistry)
M. Eggert (Consumer Products Recognition)
M. Jahjah (Convention)
R. Barolet (Dental Materials & Devices)
G. Thompson (Education)
J.R. Brookfield (Ethics)
L. Allen (Government Relations)
P. O'Brien (Information Svcs)

J.E. Durran (Insurance & Inv.)
G. Dubé (Management)
B. Dolansky (Membership)
J. Niedermayer (Nominations)
D.E. MacFarlane (PRUC)
J. Hardie (Publications)
K. Hockley (Student Affairs)
R. Markey (Task Force)
R.N. Hicks (Taxation)
T. Gushue (Third Party)

PRESIDENT'S REMARKS
Annual Meeting of the CDA Board of Governors
August 24-25, 1990

Mr. Chairman, Members of the Board, Honoured Guests, Ladies and Gentlemen; it has been an exciting and a busy year as President and in these opening remarks to the Board I want to mention a few of the activities, projects, and developments which stand out in my mind as particular highlights. One of the reasons it has been a busy year is the amount of travelling the CDA President must undertake; you will have an idea of this if you have looked over the travel schedule, which is reproduced within the Board book. I enjoyed most of the travelling, although too much of it can be very tiring. However, as you may recall, when I took on the job of President, I was determined to demonstrate that the position could still be filled by a wet-gloved dentist in private practice and with very heavy family commitments. I think I have shown that it is still possible, but I have also had to rely on some help from my friends. I want to express my thanks and my gratitude to the members of the Executive Council and indeed to some individual members of the Board for filling in for the President at various functions throughout the last 12 months.

The major reason for travelling, of course, is to improve communication with our various constituencies and groups with which we interact, and there has been a great deal of emphasis upon improving communication by the Canadian Dental Association over the last year. We have established a new Communications Steering Committee that will be reviewing our overall initiatives in this field and presenting a report which should help CDA in its marketing initiatives and its membership campaign. CDA actually does an awful lot for its membership, but has not always succeeded in making the membership aware of what has been accomplished. The general review undertaken by the steering committee should start to help us change this situation. In addition, I have taken a personal interest in improving communications with a number of groups. If you read my July editorial in the CDA Journal you will be aware that CDA's Executive Council has recommended approval of a motion from the Committee on Community and Institutional Dentistry to involve representatives of the Canadian Dental Hygienists Association in a new committee which will review the CDA Statement on Supervision of Dental Hygienists. There has been some excellent informal discussion with representatives of CDHA and public health dentistry together with some very interesting and generally helpful correspondence on the topic.

I have made a commitment to improving communication with Dental hygienists and Dental assistants a personal priority and I'm really pleased to see progress, even if problems remain to be solved. There have been initiatives over the last year to express CDA support for the certification examination process being developed by the Canadian Dental Hygienists Association. CDA has also expressed its support for the Canadian Dental Assistants Association's efforts to establish national Board examinations for level 1 and level 2 Dental assistants. I appreciate Dr. Les Allen's efforts to encourage provincial associations to help CDAA by contributing financially towards the costs of developing these exams.

We have also worked at improving communication with other dental organizations, especially the National Dental Examining Board of Canada and CDSPI management. With respect to CDSPI, there was a joint meeting of the CDA/CDSPI management teams on July 27th and we held some very frank and open discussion of concerns. We agreed to rewrite the CDSPI/CDA administration agreement so that the interrelationship between the two organizations is potentially smoother and

more efficient in future. We also resolved a couple of specific problems. CDSPI has agreed not to advertise in Oral Health, but will be able to advertise in Dental Practice Management and will consider advertising in the various dental association newsletters throughout Canada. We also agreed to get our marketing people together to discuss the joint promotion of retirement seminars and cooperation in marketing initiatives in general.

With respect to NDEB, we felt that it was necessary to underline the legitimacy of NDEB communicating with other dental organizations during the process of making decisions with potential impact upon students, the educational community and the professional community at large. As an autonomous organization, NDEB does not need to take direction from any external body, but it must recognize that its continuing credibility depends upon maintaining channels of communication to ensure that its decisions do not come as a surprise to those affected. To achieve this it must operate so that major changes in policy are based upon an appropriate foundation of consultation. A joint meeting of ACFD/NDEB/RCDS and CDA was held in April to review common concerns and a second meeting was held yesterday, August 23. The first meeting involved senior elected officials while yesterday's meeting brought together senior elected officials and senior staff from each organization. Both of these meetings have contributed to improved communication among these groups and I'm hopeful that further meetings of this sort will be conducted in future.

The most dramatic evidence of CDA's increasing activity on your behalf is to be seen at our headquarters at 1815 Alta Vista Drive. Extensive renovations to permit CDA to expand its office space to an additional 1/4 of the building previously occupied by tenants are nearly completed. The remaining 1/4 of the building will be occupied by tenants. When renovations are complete, by about September 10th, we will have a building of which we can all be very proud. We are a bit behind schedule and a little under estimated costs despite a 6-week strike by sheet metal workers and the need to redo the roof of the building completely. The original estimate of construction costs was \$1,330,000. And it now appears that final construction costs will come in around \$1,215,000. The work seems to be superior and costs should stay within line, although furniture and equipment costs will eat up any savings because of inflation and the Goods and Services Tax. The Canadian Dental Association's staff (despite the inconvenience of working with a building being renovated around them) is enthusiastic about the new facilities. I would like to thank the staff for enabling us last evening to have an open house to show the new headquarters to members of the Board and CEO's from across Canada. We debated whether this open house should be held when renovations are not quite complete, but I felt strongly that with the CDA convention being held in Ottawa, this was the time to do it; the CDA staff were certainly very cooperative in this regard.

No review of highlights of last year would be complete without mentioning the Electronic Data Interchange project. A tremendous amount of energy and resources has gone into the EDI project and I want to take this opportunity once again to thank the whole EDI committee and in particular, Dr. Bernie Dolansky for his commitment. Bernie has had to spend a great deal of time away from his practice and away from his family, and I know that the last two summers have been anything but holiday time as far as Bernie has been concerned. His contribution to the development of the EDI project has been outstanding.

Because of such devotion by Bernie and committee members, eight of the ten provinces have now signed the EDI corporate agreement with CDA. Ontario's signature, of course, is subject to final confirmation by the November meeting of the ODA Board. Alberta is close to signing, and its decision will be made at a Board meeting in September. Quebec is the other province that is not a signatory and Executive Council has decided to market the EDI/CDAnet to CDA members in Quebec. As you are aware, an EDI operations committee is to be established. It will include a chairman appointed by the CDA President plus one member from British Columbia, one member from Alberta, one member representing Manitoba/Saskatchewan, one member from the Atlantic Provinces; and two members from Ontario. There have been few projects, in the history of CDA (or I'm sure of any of our provincial organizations) which have required the time and energy and resources that EDI has taken. I sincerely appreciate the tremendous efforts of Dr. Dolansky and the members of the EDI and third party committees on your behalf as well as the cooperation received from the senior officials of the ACE group of insurance companies, the National Data Corporation and the Shared Health Network. I'm confident that the EDI project will work to the advantage of individual members of the profession, the Canadian Dental Association and the individual provincial associations. I am truly amazed at how far we have come on this project despite the tremendous difficulties and challenges involved.

Another area where CDA has been working successfully on your behalf is in the taxation field. We can be proud of our successful lobbying with respect to the Goods and Services Tax. Our meetings with Revenue Canada on interpretation for dentistry are ongoing, the latest occurring yesterday. As these discussions develop the question of registration will need to be re-examined. The advice to members to delay registration is sound, and CDA will communicate updates to our members once our information is concrete. It is also apparent that lobbying undertaken by CDA some 5 or 6 years ago in conjunction with the Canadian Medical Association, the Canadian Bar Association and the Canadian Institute of Chartered Accountants is finally coming to fruition. We have lobbied for increased RRSP limits and these will be introduced in 1991 with a new limit of \$11,500.

Within the last year as well, the Ethics Committee has been revitalized under the chairmanship of Dr. Jim Brookfield. The committee has demonstrated its initiative with the Patient's Charter of Rights and discussions concerning the treatment of patients with AIDS. It is currently working on a revised Code of Ethics for CDA and an Advertising Statement coming to the Board at this meeting. This is a particularly opportune time to have an active committee in place when we think of recent developments such as the Supreme Court decision on professional advertising. The Ethics Committee is another good example of how the Canadian Dental Association is actively working on behalf of its members.

Another area where we have shown a responsible approach as a profession is in the field of accreditation. I had the pleasure to serve as Executive Liaison to the Task Force on Future Planning of the Council on Education and Accreditation and saw it go through a number of stages culminating in the establishment of a separate Council on Accreditation. We have followed up by arranging for a distinct letterhead and dedicated phone line and a separate physical space for accreditation within Canadian Dental Association. At this Board meeting, there is a motion being presented from the Executive Council to change the name of the Council on Accreditation to the "Commission on Accreditation" to underline its arms length relationship within the Canadian Dental Association. The Council already has such autonomy so that the change is largely symbolic, but it is nonetheless important as some critics have failed to recognize the autonomous nature of the accreditation process within CDA.

For me personally one of the highlights of the year has been the ability to communicate with the dental profession at large through my Editorials in the Canadian Dental Association Journal. The Journal Editor, Dr. Ralph Crawford, tells me that the editorials have prompted an unprecedented number of phone calls, letters to the Editor and personal letters to the President. In the editorials I intended, from the beginning, to deal with specific issues that I thought were of concern to the practising dentists in the country. And it would appear from the response that the subjects were timely and of interest to quite a few dentists. I want to take this opportunity to acknowledge the contribution, to these editorials, of Brian Henderson. While the ideas were mine and I produced the initial drafts, he polished the writing and often managed to make the editorials say what I really wanted them to say. I very much appreciate his assistance in helping me put on paper my thoughts and my concerns on issues that I considered to be of paramount importance to practising dentists across this country.

In closing, I want to mention that another reason that this has been a special year is that it marks the 75th anniversary of the Canadian Forces Dental Services. There has always been a mutually supportive relationship between the Canadian Forces Dental Services and the Canadian Dental Association, going right back to the establishment of the Royal Canadian Dental Corps. The Canadian Dental Association took an active part in its establishment, lobbying the government with respect to the need and eventually succeeding. And what a contribution that success made possible; the Canadian Forces Dental Services have established an unequal tradition of service over 75 years and have been a credit both to the Canadian Forces and the dental profession. Our cooperative relationship is symbolized this year by their active involvement in the Canadian Dental Association's national convention here in Ottawa and I ask you to join with me, as I conclude these remarks, in demonstrating the high regard that the Canadian Dental Association has for the Canadian Forces Dental Services.

I would like to take this opportunity to welcome Dr. Bernie Dolansky as the new Vice President of the Canadian Dental Association. You are all very much aware, from our discussions over the last 2 days, of the hard work that Bernie Dolansky puts into any task to which he is assigned by organized dentistry. I'm confident you share my opinion that the Association will be in good hands with Bernie Dolansky moving to the position of Vice President. I also want to welcome Dr. Jim Brookfield as our new Executive member from Ontario who will be replacing Bernie on the Executive Council. I acknowledged Jim's work as Chairman of the Ethics Committee in my opening remarks to this Board and his accomplishment with this committee speaks well for his abilities. Another addition to Executive Council for next year will be Dr. Bernie White. As you are now aware, Dr. White is the new Saskatchewan Board member and his name will be put forward later this afternoon as the Executive Council member representing Manitoba and Saskatchewan. I also want to wish my successor as President, Dr. Gilles Dubé, very best wishes as he assumes office; I promise him my support and assistance. Next year promises to be an exciting and vital time to be involved in the Canadian Dental Association and I believe that Dr. Dubé, with the assistance of the individuals on the Executive Council and our Management team, will keep the ship on course and sail it into new territory. And now last, but not least, I think it is time to say goodbye to an old friend, Dr. Jack Niedermayer, Past-President of the Canadian Dental Association.

I want to extend my personal thanks and gratitude to Jack for his guidance during my term as President-Elect and for his contribution as Past-President during my term as President. Jack, you can be proud of your contribution to the Canadian Dental Association; when I become Past-President I know I shall have succeeded in the role if Gilles Dubé thinks as well of me as I do of you. As I conclude these remarks, I ask the CDA Board of Governors to join me in expressing our collective thanks to Jack Niedermayer for his contribution to the Canadian Dental Association.

Kevin L. Roach, B.Sc., D.D.S.
President

EXECUTIVE COUNCIL

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Kevin L. Roach, Pembroke - Chairman
Dr. Gilles Dubé, Lachute
Dr. Les Allen, Winnipeg
Dr. Jack W. Niedermayer, Regina
Dr. François Bourassa, Regina
Dr. Bernard H. Dolansky, Ottawa
Dr. Barry Dolman, Montréal
Dr. Bryun Sigfstead, Edmonton
Dr. Ron Smith, Duncan
Dr. Raymond Wenn, Charlottetown

Mr. Jardine Neilson, Executive Director
Mrs. Sandra Deziel, Manager, Executive Services

Coordinator: Mrs. Suzanne Burton

1. Council Meetings

Since the March, 1990 Interim Meeting of the Board of Governors, the Executive Council has met once, on June 8-9, 1990. Council also held a meeting immediately prior to the Interim Board, on March 29, 1990.

ITEMS REQUIRING BOARD ACTION

2. Appointment of CDA Auditors

RESOLVED:

90.42 THAT the firm of McCay, Duff and Company be appointed CDA auditors for the fiscal year 1990.

ADOPTED

3. CDSPI - Council on Insurance and Investment

To comply with Article XVI, Section 4(d) of the CDA Constitution and By-Laws,

RESOLVED:

90.43 THAT the Board of Directors of CDSPI be appointed the CDA Council on Insurance and Investment for the calendar year 1991.

ADOPTED

4. Canadian Dentists' Insurance Program - 1989 Financial Statements

RESOLVED:

- 90.44 THAT the audited financial statements for the Canadian Dentists' Insurance Program for the year ending December 31, 1989 be approved.

ADOPTED

APPENDIX I

5. FDI National Treasurer

The National Treasurer to the FDI is an annual appointment by the Board of Governors.

RESOLVED:

- 90.45 THAT Dr. Gilles Dubé be appointed FDI National Treasurer for 1991.

ADOPTED

6. EDI Committee Structure

The launch of CDAnet and EDI in Canadian dentistry is planned in conjunction with the CDA 1990 Convention and Annual Meeting of the Board of Governors. As EDI moves into the operational stage, a revised structure is required to operate the EDI system.

The agreement between the ODA and the CDA on EDI stipulated that the ODA will have a minimum of 30% of the dental representation on the structure established to operate EDI. This agreement has been used as the basis of an agreement between CDA and the provinces for participation in the joint national dental EDI system. The structure proposed calls for regional representation based on participation in CDAnet.

RESOLVED:

90.46 THAT the EDI Sub-Committee be disbanded, and replaced by a Committee of Executive Council to manage EDI, effective at the 1990 Annual Meeting of the Board of Governors; and,

THAT the Terms of Reference be subject to approval of Executive Council at its 1990 Planning Session; and,

FURTHER THAT the structure of the EDI Committee be as follows:

- a non-voting Chairman to be appointed by the CDA President;
- one member from British Columbia;
- one member from Alberta;
- one member representing Manitoba/Saskatchewan;
- one member from the Atlantic Provinces;
- two members from Ontario.

ADOPTED

Terms of reference for the new EDI Committee will be developed by the Committee and reviewed by the Executive at the Planning Session. Terms of members will be defined and staggered as appropriate.

7. QDSA and Co-Sponsorship of CDIP

At the CDSPI Board Meeting held on April 6-7, 1990, the Board discussed a letter from Fasken Campbell Godfrey dated March 28, 1990, which examined the position of the QDSA representative on the CDSPI Board in relation to the fact that the QDSA had not signed the 1990 Participation Agreement. As a result, CDSPI Management Committee forwarded the Fasken Campbell Godfrey letter to CDA Executive Council asking for comment and direction.

The status on communication between the CDA and the QDSA on the subject of the Participation Agreement has not changed since the Executive Council's report to the Interim Board. Given this fact, the Executive Council requested that CDSPI take the necessary action to have the QDSA Director removed from the CDSPI Board and that this matter be addressed at the August 1990 Annual Meeting of CDSPI.

APPENDIX II

RESOLVED:

90.47 THAT when a co-sponsor of CDIP withdraws their sponsorship of CDIP plans by not signing the Participation Agreement, that their director or their right to participate in a directorship of the CDSPI Board, be removed; and,

FURTHER THAT, if a province sends an observer to the CDSPI Board meetings, that this right be also removed.

ADOPTED

NOTE: The two Governors representing the corporate member in Québec opposed this motion.

It should be noted that the Executive Council expressed regret in having to take this action, but felt it essential in order that CDA act in a responsible manner relative to CDIP.

8. Interest on CDIP Life Plan Loan to LTD

The Board of Governors, at the 1989 Interim Meeting, adopted resolutions (89.43 - 89.44) concerning the payment of LTD/Office Overhead Expense Benefit Payments from the Life Plan Surplus through a formal loan. Resolution 89.44 contained a stipulation that if a loan was required, it be repaid in a timely fashion and be interest bearing.

Due to changes to taxation rules, Executive Council was requested by CDSPI to review the interest nature of the loan from the Life Plan Surplus. This item was reconsidered by Executive Council in early April, 1990 and the previous direction was reconfirmed.

At the Council's June meeting, Executive Council reviewed additional information provided by Fasken Campbell Godfrey in a letter dated May 16, 1990 concerning the impact of an interest bearing loan from the Life Plan Surplus on CDIP plans.

APPENDIX III**RESOLVED:**

90.47 THAT the loan from the Life Plan Surplus to fund the LTD Special Claims be non-interest bearing.

ADOPTED

NOTE: The two Governors representing the corporate member in Québec opposed this motion.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**9. Task Force - CDA Structure Review**

At the 1990 Interim Meeting, Governors approved a recommendation of the Management Committee calling for the establishment of a Task Force to examine membership stipulations with regard to the Board of Governors, Councils and Committees. The Task Force was further directed to examine the financial contributions to the CDA by Corporate and Licensing Bodies as they relate to appropriate representation within the CDA structure.

Members of the Task Force, Drs. Ron Markey, Chairman, Burton Conrod and George Peacock met on April 8, 1990. The Task Force report and recommendations were reviewed by the Executive Council and referred back for further discussion with the Task Force.

10. Professional Resource Utilization

At its 1990 Interim Meeting, the Board gave direction to the Executive Council to take the necessary action to re-evaluate the strategic approach to professional resource utilization. Council was further directed to return to the 1990 Annual Meeting with a proposal to deal with the issue strategically, including budgetary implications.

Executive Council reviewed a report from Dr. Don MacFarlane, Chairman of the Professional Resource Utilization Committee, and approved a recommendation that a Sub-Committee of PRUC be created on an Ad Hoc basis. The Sub-Committee will review the existing model, and make recommendations on its future upgrading. In addition, it will examine how the model will incorporate new data that will be available in the near future.

A budget of up to \$10,000 has been approved to allow an initial meeting of the Sub-Committee. More detailed information is contained in the appended report.

APPENDIX IV

It is anticipated that the outcome of the Sub-Committee meeting will be discussed by the Executive at the 1990 Planning Session.

11. Participation Agreement - CDA/QDSA

As reported to Governors at the Interim Meeting, the QDSA did not sign the 1990 Participation Agreement. As a result, under the terms of the 1989 Participation Agreement between CDA and the QDSA, QDSA's participation in CDIP continues in full force and effect until December 31, 1990, at which time sponsorship of all CDIP plans will terminate.

In view of the foregoing, the CDA has directed CDSPI to advise all participants in CDIP resident in the province of Québec of their status effective December 31, 1990. This notice has been prepared based on eligibility requirements identified in the report of the Council on Insurance and Investment which has been endorsed by Executive Council. At the present time, it is anticipated that this notice will be forwarded towards the end of July, 1990.

12. Eligibility - CDIP

At the March meeting of Executive Council, Council reviewed a report from the CDSPI Management Committee to the CDSPI Board which outlined revised eligibility requirements for CDIP. The Executive Council instructed the CDA representatives to the CDSPI Board to vote in favour of these recommendations at the May meeting of the CDSPI Board of Directors. The report of the Council on Insurance and Investment presents these motions for Board approval.

As previously stated, CDA has directed CDSPI to provide this information to CDIP participants in the province of Québec. CDA has also directed that the eligibility requirements be communicated to participants in CDIP resident in the province of Ontario. The same timeframe is anticipated.

13. Professional Liability Insurance - Québec

A copy of the ODQ Malpractice Master Policy has now been received by the CDA and has been forwarded to CDSPI for review. This document was required for clarification of "first call and second call provisions" in the event that CDA members in Québec were allowed access to malpractice coverage through CDIP. Further information on this item will be provided once comments have been received from CDSPI.

14. CDSPI/Council on Insurance and Investment

Drs. Mel Charendoff, Rod Moran and James Wright attended a portion of the June Executive Council Meeting to discuss several matters relating to CDSPI and the Council on Insurance and Investment. The following is a brief summary of the items discussed and direction that was agreed upon.

CDA/CDSPI Relationship

Recognizing that both organizations, CDA and CDSPI, have undergone some significant changes since the current working relationship was established, it was agreed that it was opportune to analyze the structures of the CDA and CDSPI as they relate to each other. This review will assist in establishing patterns for dealing with ongoing business. It was agreed that this issue would be discussed at a meeting of the Management Committees of CDA and CDSPI.

Special Claims (LTD)

A verbal update on the status of LTD Special Claims was provided. However, information was not readily available on the precise amounts that had been paid to date. It was agreed that CDA would be provided with a written update including all pertinent information with regard to Special LTD Claims.

1991 CDA Convention

The CDA has invited CDSPI to submit proposals for sponsorships in relation to the 1991 CDA Convention. It was indicated that CDSPI must identify its interests with regard to sponsorship during CDA Conventions to the Convention Chairman, within an appropriate timeframe.

CDIP Life Claim for Dr. Cooper

Executive Council approval of payment of one half of the liability with regard to the Cooper Estate was contingent upon both Metropolitan Life paying one half of the liability, and the fact that CDA's payment was made without prejudice and on a hold-harmless basis. Further, the Executive Council had instructed the Council on Insurance and Investment to urgently pursue legal redress for the responsibility for the payment of claims for ineligible individuals holding CDIP life contracts as a result of the January 1, 1989 rollover, and to report to Executive Council on the progress of this matter at every Executive Council meeting until further notice.

CDSPI representatives indicated that figures from Imperial Life were not yet available, and it was therefore not possible to determine how Imperial had paid the Cooper claim. It was further reported that no real progress had been made in recouping the monies paid by CDA, and that this was just one of several issues outstanding with Metropolitan Life. Council was informed that a sequence of dealing with this matter had been presented to the CDSPI Board. It was agreed that CDA would be provided with a copy of this information.

Life Insurance Plan Surplus

A verbal update was provided by CDSPI Management on this item. While recognizing that no surplus was generated in 1988 and that the 1989 figures have not been finalized, the Executive Council requested more specific information on the status of the surplus accumulated prior to 1988. As interest is being earned on the undistributed surplus, Executive Council requested a precise statement on the balance of the unencumbered surplus, and verification of the amounts distributed in 1989 and 1990.

Advertising in Oral Health

CDA's strong opposition to CDSPI advertising DOMS and retirement seminars in Oral Health was presented to CDSPI Management Committee. It was agreed that a letter stating CDA's position would be provided, so that it could be presented to the CDSPI Board. CDA Executive Council members will also communicate with CDA Corporate members in this regard. CDSPI Management reported that advertisements were planned for the September issue of Oral Health. CDA once again registered opposition to this action. This item will be discussed at the meeting planned between the Management Committees of CDA and CDSPI.

CDA Logo on CDSPI Promotional Material

As reported at the Interim Meeting of the Board, the CDA has been working with CDSPI to increase the profile of CDA on promotional materials relating to CDIP and the CDA RSP. CDA has seen a vast improvement over the past year in this regard and the efforts of CDSPI are appreciated.

The CDA has requested that its new logo be incorporated into promotional materials for CDIP and the CDA RSP. This request has generated some concern by CDSPI given the financial ramifications.

It was agreed that this item would be discussed at the meeting between CDA and CDSPI Management Committees with a view to making a final decision. From the CDA's standpoint, there exists the potential for a very positive marketing effect through CDSPI identifying itself with CDA (the dentists of Canada), and it should not be underestimated.

15. Honours and Awards

Honorary Membership

The annual nominations for Honorary Membership were reviewed by the Executive Council. Executive Council is most pleased to announce that Dr. Ernest Ambrose of Saskatoon, Saskatchewan, Dr. Bradley Holmes of Kenora, Ontario and Dr. Roderick Moran of Toronto, Ontario have been awarded Honorary Membership in the Canadian Dental Association.

Distinguished Service Award

Nominations for the Distinguished Service Award were reviewed by the Executive Council. The Distinguished Service Award has been granted to Dr. Louis Bernier of Sillery, Québec, Dr. Donald MacFarlane of Vancouver, B.C. and Dr. George Peacock of Saskatoon, Saskatchewan.

CDA Award of Merit

The Award of Merit has been granted to Mr. Kenneth Croft of Surrey, B.C., Dr. Bruno Martinello of Edmonton, Alberta, and Dr. Don Gutkin of Winnipeg, Manitoba.

Executive Council extends sincere congratulations to all of the 1990 recipients of honours and awards. Further information is contained in the report of the Committee on Nominations, Awards and Trusts.

16. Request for By-Law Amendment - College of Dental Surgeons of B.C.

On May 14, 1990, the CDA received notice from the College of Dental Surgeons of B.C. requesting an amendment to CDA By-Laws.

As required under Article XXVII - Section 1 - Amendment of By-Laws, the proposed amendment was circulated to the Chairman and members of the Board of Governors, to CEO's of Corporate Members, and the Chairman of the Council on Constitution and By-Laws. This request has been dealt with in the report of the Council on Constitution and By-laws and Executive Council comments are contained therein.

17. Review of Council/Committee Chairpersons and Executive Liaisons

At the Executive Council meeting held immediately following each Annual Meeting of the CDA Board of Governors, presidential appointments of Council and Committee chairpersons and Executive Liaisons are made. A list of current Council and Committee Chairpersons and Executive Liaisons was reviewed by Executive Council and appropriate input was provided for consideration with regard to appointments for 1990-91.

18. Dental Health Month - Poster Judging

The members of the Executive Council served as judges for the 1990 Dental Health Month poster competition. Winners for this year are:

Category A - Kindergarten to Grade 1

Miss Nass' Primary Class
(entire class of 20 contributed to the poster)
Halifax, Nova Scotia

Category B - Grade 2 to 4

Garlanda Kwan, Moose Jaw, Saskatchewan

Category C - Grade 5 to 7

Russel Hemstock, Calgary, Alberta

19. President's Activities

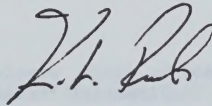
The schedule of the activities of the President during his term in office is appended for information.

APPENDIX V

20. Council/Committee Reports

Executive Council has reviewed Committee and Council reports as appended and other items requiring Board action follow therein.

Sincerely yours,



Kevin L. Roach, B.Sc., D.D.S.
Chairman, Executive Council

FILING OF REPORT

The Board of Governors accepts the report of Executive Council with appreciation.

CANADIAN DENTISTS' INSURANCE PROGRAM

FINANCIAL STATEMENTS

Year Ended December 31, 1989

Auditors' Report	Page 1
Balance Sheet	2
Statement of Operations	3
Statement of Changes in Financial Position	4
Note to Financial Statements	5

Clarke
Henning
& Co.

10 Bay Street, Suite 801
Toronto, Ontario
Canada M5J 2R8
Tel: (416) 364-4421
Fax: (416) 367-8032

AUDITORS' REPORT

TO THE BOARD OF GOVERNORS OF
CANADIAN DENTAL ASSOCIATION

We have examined the balance sheet of Canadian Dentists' Insurance Program for the year ended December 31, 1989 and the statements of operations and changes in financial position for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Program as at December 31, 1989 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Clarke Henning & Co
CHARTERED ACCOUNTANTS

Toronto, Ontario
February 2, 1990

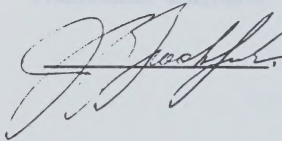
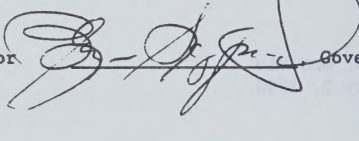
CANADIAN DENTISTS' INSURANCE PROGRAM

BALANCE SHEET

As at December 31, 1989

	1989	1988
ASSETS		
Cash in bank	\$5,008,345	\$4,383,180
Sundry amounts receivable	41,614	22,499
	<u>5,049,959</u>	<u>4,405,679</u>
LIABILITIES		
Deferred income (premiums received from members in advance of due date)	5,043,309	4,390,972
Accounts payable	6,650	14,707
	<u>\$5,049,959</u>	<u>\$4,405,679</u>

Approved on behalf of the Board of Governors of
Canadian Dental Association:

 Governor  Governor

CANADIAN DENTISTS' INSURANCE PROGRAM

STATEMENT OF OPERATIONS

Year ended December 31, 1989

	1989	1988
Insurance premiums - gross		
Basic life	\$ 3,339,661	\$ 3,057,486
Dependents' life	293,720	263,787
Accidental death and dismemberment	530,925	516,819
Dependents' accidental death and dismemberment	21,994	20,401
Long term disability	7,136,048	6,885,590
Office overhead	2,123,515	2,009,019
Office contents	1,870,819	1,785,585
Practice interruption	662,942	668,439
General liability	712,161	732,724
Malpractice	5,259,235	4,853,691
Dentists' staff plan	93,516	69,350
Personal umbrella liability plan	53,444	37,962
	<u>22,097,980</u>	<u>20,900,853</u>
Insurance premiums paid to insurers	19,215,634	18,174,654
Balance, representing collection and administration fee to Canadian Dental Service Plans Inc.	<u>\$ 2,882,346</u>	<u>\$ 2,726,199</u>

CANADIAN DENTISTS' INSURANCE PROGRAM

STATEMENT OF CHANGES IN FINANCIAL POSITION

Year ended December 31, 1989

	1989	1988
Cash provided by (used for) operating activities		
Insurance premiums received, net of refunds and provincial taxes	\$22,737,702	\$19,904,832
Net premiums paid to insurers	(19,230,191)	(18,185,802)
Payments to Canadian Dental Service Plans Inc. on account of collection and administration fee	(2,882,346)	(2,726,199)
Increase (decrease) in cash during the year	625,165	(1,007,169)
Cash in bank - beginning of year	4,383,180	5,390,349
- end of year	<u>\$ 5,008,345</u>	<u>\$ 4,383,180</u>

CANADIAN DENTISTS' INSURANCE PROGRAM

NOTE TO FINANCIAL STATEMENTS

Year ended December 31, 1989

1. General

Canadian Dentists' Insurance Program offers group life, disability and other insurance to members of the Canadian dental profession, their families and employees. The program is unincorporated and operates under the authority of a participation agreement between Canadian Dental Association and the dental associations of the individual Canadian provinces.

Canadian Dental Association has entered into an agreement with Canadian Dental Services Plans Inc. whereby the latter provides collection and administration services to Canadian Dentists' Insurance Program for a fee which is calculated as 15% of the premiums paid to insurers under the program.

These financial statements present the financial position and results of operations of Canadian Dentists' Insurance Program. They do not include any assets, liabilities, income or expense of Canadian Dental Association, Canadian Dental Service Plans Inc. or any provincial dental association.

Fusken Campbell Godfrey

A. Beth Moore
Direct Line 868-3427

March 28, 1990

Our Ref: 0300328-0028

DELIVERED

Mr. Kingsley D. Butler
Executive Vice President
Canadian Dental Service
Plans Inc.
Suite 600, 2 Lansing Square
Willowdale, Ontario
M2J 4Z3

Fusken Martineau Walk
Toronto
Montreal
Quebec City
London England
Brussels

Dear Kingsley:

Re: QDSA and Co-sponsorship of CDIP

As requested in your letter dated March 8, 1990 I have reviewed CDSPI's by-laws and considered the procedures necessary to remove the director appointed by the QDSA from CDSPI's board.

CDSPI's by-laws provide that the members of CDSPI are the CDA and each of the corporate members from time to time of the Canadian Dental Association. If the QDSA were to withdraw from membership in or be expelled as a member of the CDA it would automatically cease to be a member of CDSPI. The QDSA could also resign as a member of CDSPI by giving notice of resignation to CDSPI. Assuming that neither of these events is likely to occur, the QDSA will remain as a member of CDSPI unless paragraph 2 of the CDSPI general by-law is changed to provide that the members of CDSPI are to be each of the corporate members of the CDA other than the QDSA.

While the QDSA remains a member of CDSPI it is entitled under paragraph 6(c)(iii) of the general by-law to appoint one director to CDSPI's board. If the QDSA were to cease to be a member in one of the ways described in paragraph 2 of this letter its entitlement to appoint a director would terminate. If the by-laws are amended to provide that the QDSA is no longer to be a member, paragraph 6(iii) should also be amended to remove the reference to Quebec.

The procedure for amending the by-laws is set out in paragraph 9. A new by-law must be passed by a majority of the

Fasken Campbell Godfrey - 2 -

directors of CDSPI and that by-law must then be sanctioned by two-thirds of the votes cast at a meeting of members called for the purpose of considering the new by-law. As the final step in the procedure the new by-law must be sent to the Minister of Consumer and Corporate Affairs for approval.

Aside from the amendments to paragraphs 2 and 6(c)(iii) of the CDSPI general by-law it does not appear to me that any other changes to CDSPI's letters patent or by-laws would be required in connection with the removal of the QDSA as a corporate member of the CDSPI and the termination of its right to nominate a director to CDSPI's board.

CDSPI's role as the CDA's Council on Investment and Insurance would not be directly affected by the removal of the QDSA as a member of CDSPI unless the CDA were to decide to alter the arrangements currently in place. That role is performed under the agreement made October 29, 1983 between the CDA and CDSPI in which the CDA delegated to CDSPI the functions formerly performed by its Council on Insurance and Investment. It should be noted, however, that the CDA is entitled to appoint two directors to the board of directors of CDSPI. Under the CDA by-laws, one of those directors is to be appointed at large and the other is to be a member of the CDA's Executive Council. It will be up to the CDA to determine whether either of its nominee directors will be a resident of Quebec.

Among the considerations that the CDSPI board will have to take into account in considering whether or not to remove the QDSA as a member of CDSPI is the effect such removal will have on the other member services programs administered by CDSPI. It is not possible to make the QDSA a member of CDSPI for some purposes and not for others or to provide that its nominee director is to be a director for some purposes and not for others. We could, however, if you wish us to do so, consider whether the by-laws could be amended to provide that any directors resident in Quebec who are nominated by either the QDSA or the CDA would not be entitled to participate in discussions or vote in respect of any matters dealt with by CDSPI in carrying out its responsibilities under the October 20, 1983 agreement. Such an arrangement would permit the QDSA to remain as a member of CDSPI and to appoint a nominee director to CDSPI's board while restricting its ability to influence decisions relating to CDIP. If this idea is worth considering we will need to do some legal research to determine whether directors' rights to participate in discussions and vote can be restricted in such a manner. Please let me know whether you wish us to pursue this further.

Yours truly,

U. Lindup - Sec

PEL:

A. B. Moore

ABM:vls



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT / CABINET DU PRÉSIDENT

le 10 juillet 1990

Docteur Claude Chicoine, président
Association des chirurgiens dentistes du Québec
425 ouest, boul. de Maisonneuve, Bureau 1425
Montréal (Québec)
H3A 3G5

Docteur,

Les règlements du Canadian Dental Services Plan Inc. (CDSPI) stipulent que les membres du CDSPI sont l'Association dentaire canadienne et, selon leur gré, chacun des membres d'une organisation participante. Ils stipulent aussi qu'à titre d'organisation membre, l'ACDQ est représentée au conseil d'administration du CDSPI.

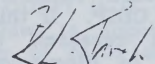
Or, à sa réunion du mois de juin, le Conseil exécutif a examiné la situation compte tenu du fait que l'ACDQ, n'ayant pas signé l'entente de participation de 1990, ne parraine plus les régimes prévus au RADC.

La présente a donc pour objet de vous informer que, suivant les instructions du Conseil exécutif, l'ADC a présenté au CDSPI un avis de motion demandant le retrait de l'ACDQ du conseil d'administration du CDSPI et que celui-ci prenne les dispositions nécessaires pour traiter de la question à son assemblée annuelle du mois d'août 1990.

Ce n'est pas sans regret que l'ADC a pris cette mesure qui était devenue nécessaire, mais le Conseil exécutif estime que, dans les circonstances, il se devait de poser ce geste.

Veuillez agréer, Docteur, l'expression de nos sentiments les meilleurs.

Le président,


Kevin Roach, B.Sc., D.D.S.

c.c. Conseil exécutif
Docteur John Durran
M. Kingsley Butler
Docteur Ron Markey

July 10, 1990

Dr. Claude Chicoine
President
Quebec Dental Surgeons Association
425, ouest boul. de Maisonneuve, Ste. 1425
Montreal, Quebec
H3A 3G5

Dear Dr. Chicoine:

The Bylaws of the Canadian Dental Services Plans Inc. (CDSPI) provide that the members of CDSPI are the CDA and each of the Corporate Members from time to time of the Candian Dental Association. Under the provisions of these Bylaws the QDSA as a Corporate Member of the CDA is represented at the CDSPI Board.

At the June meeting of the CDAs Executive Council, Council reviewed this matter in light of the fact that the QDSA has not signed the 1990 Participation Agreement and, therefore, no longer sponsors any CDIP plans.

I am writing to inform you that based on the direction of Executive Council, the CDA has given Notice of Motion to CDSPI, requesting that the QDSA be removed from the CDSPI Board, and that CDSPI take the necessary steps to have this matter addressed at the August 1990 Annual Meeting of CDSPI.

It is not without some regret on the part of the CDA that this action has become necessary. However, the Executive Council believes that this action is responsible under the present circumstances.

Sincerely Yours,

Kevin L. Roach, B.S.c., D.D.S.
President

c.c. Executive Council
Dr. John Durran
Mr. Kingsley Butler
Dr. Ron Markey

FASKEN CAMPBELL GODFREY

MEMORANDUM

TO: Beth Moore

FROM: Elizabeth J. Johnson

DATE: June 27, 1990

RE: CDSPI - CDIP Trust

The following should illustrate the potential double tax problem with respect to the loan from the life insurance plan trust (the "life trust") to the disability and office overhead insurance plan trust (the "LTD trust") if the loan is interest-bearing:

Assumptions

- amount of loan - \$913,361;
- interest accrues at 10%[*];
- to the extent that the LTD trust has surplus funds at the end of any of its 1990 through 1995 fiscal years, it is required to apply such funds by April 30 of the following year to the payment of accrued and unpaid interest on the note; any remaining surplus is applied to repay principal;
- in any event, all unpaid interest and principal becomes due April 30, 1996.

[*in fact, under the proposed terms of the interest-bearing note, interest would have been payable at the rate used by Met Life for calculating interest credited on surplus held in connection with the life trust.]

Tax Implications for Life Trust

- The life trust will be required to include interest accruing on the note in its income on an annual basis i.e. even if interest is not paid to it by the LTD trust in a particular year, the interest that accrued in that year will be included in the life trust's income. Therefore (assuming simple interest at 10% and no repayment of principal), the life trust will include interest of \$91,336 in its income in each year.

Tax Implications for LTD Trust

- In order for interest to be deductible in computing a taxpayer's income, such interest must be paid for the purpose of earning or producing income from a business or property. Since it is understood that the LTD trust will use the borrowed funds for the payment of claims that were disallowed by Imperial Life, it is extremely unlikely that interest paid by the LTD trust would be considered to be deductible.
- It is assumed that any interest paid by the LTD trust to the life trust would, at least in part, be paid out of interest ultimately earned by the LTD trust on surplus funds held by it. While it is understood that it is intended that future premiums for the LTD plan will be set at rates sufficient to enable repayment of the LTD trust's obligations to the life trust, and thus it is possible that interest on the loan could be repaid out of funds that were not in the first place subject to tax in the hands of the trust, it is also likely that the life trust will in the period during which the loan is outstanding also earn interest on funds held by it as surplus funds. For example, assume that the LTD trust accumulates surplus of \$200,000 in 1990 and earns \$20,000 of interest on such funds. Since the interest payable by it to the life trust is not deductible, it pays tax (of approximately \$10,000) on its interest income and uses the amount of after-tax interest plus approximately \$81,336 of the surplus to pay interest to the life trust due for 1990. The remaining surplus is applied to pay down principal.
- The life trust will, as noted above, pay tax on the interest it earns on the funds loaned to the LTD trust. Therefore, at least to the extent of \$10,000 (representing interest paid by the LTD trust to the life trust out of the LTD trust's after-tax income), the interest will have been subjected to tax twice.

EJJ/dc

Fasken Campbell Godfrey

BARRISTERS AND SOLICITORS

A. Beth Moore
Direct Line 868-3427

May 16, 1990

Our Ref: 0300328-0038

DELIVERED

Mr. Kingsley D. Butler
Executive Vice President
Canadian Dental Service
Plans Inc.
Suite 800, 2 Lansing Square
Willowdale, Ontario
M2J 4Z3

Dear Kingsley:

Re: CDIP Disability Insurance Plans Trust

Enclosed for your review and comment are drafts of the following:

1. Promissory note setting out the terms of the proposed loan from the CDIF Life Insurance Plan Trust (the "LIPT") to the CDIP Disability Insurance Plans Trust (the "DIPT");
2. Resolution to be passed by the CDA Executive Council authorizing the creation of the DIPT;
3. Declaration of Trust for the DIPT;
4. Resolution to be passed by the CDA Executive Council authorizing the loan transaction.

The promissory note provides for interest to be paid on the basis previously discussed. Both Elizabeth Johnson and I feel that the decision to pay interest should be reconsidered by the CDA because of the tax implications. All interest paid by the DIPT will be taxed in the hands of the LIPT. If the interest is paid from income earned on funds held by the DIPT, that income will be subject to double taxation. The DIPT does not have any basis for deducting from its income any interest paid to the LIPT since the loan from the LIPT has not been obtained for the purpose of earning income. Tax

P.O. Box 20
Toronto Dominion Bank Tower
Toronto Dominion Centre
Toronto, Canada
M5K 1A6

Telephone 416/362-2400
416/366-8381
Facsimile 416/362-2381
416/364-7813

Fasken Martineau Walker
Toronto
Montreal
Quebec City
London, England
Brussels

Fasken Campbell Godfrey - 2 -

will therefore be paid by the DIPT on all of its income. If the DIPT's net-after-tax income is used to pay interest to the LIPT, that income will be taxed a second time as part of the LIPT's income. In addition, for tax purposes the LIPT will be required to accrue and pay tax on the interest income as part of its income on an annual basis even though the income may not be received for several years. The tax on that income will have to be paid from funds currently held by the LIPT. The beneficiaries of the LIPT will therefore be forced to bear the tax cost now of income that will not be paid to them until some time in the future.

If the loan were to be made on an interest-free basis there would be some cost to the LIPT. However, as indicated in my fax to you dated February 8, 1990, a copy of which is attached to this letter, a reasonable argument can be made that the making of the loan is of benefit to the LIPT. Since the overall cost to the plans of making the loan interest-bearing is significant and since that cost will have to be reflected in higher premiums, the marketability of all of the plans could be adversely affected by the charging of interest on the loan. Should the experience of the disability plans be sufficiently good over the next few years it might be possible for the DIPT to make a gratuitous payment to the LIPT to compensate the LIPT for the cost to it of making the loan. However, such an action would have to be considered at the appropriate time, taking into account the relevant trust and tax considerations, before any such payment were authorized.

If the CDA wishes the loan to be made on an interest-free basis I will make the necessary changes to the enclosed documents.

Yours truly,

Beth Moore
A. B. Moore

ABM:vls
Enclosures

asken Campbell Godfrey

P.O. Box 20
Toronto-Dominion Bank Tower
Toronto-Dominion Centre
Toronto, Ontario
M5K 1N6

Telephone (416) 362-2401
(416) 366-8381

Facsimile (416) 362-2381
(416) 860-1249

FROM: A. B. Moore

TO: Mr. Kingsley D. Butler
Executive Vice President
Canadian Dental Service
Plans Inc.
Suite 600, 2 Lansing Square
Willowdale, Ontario
M2J 4Z3

Fax Transmission

Date: February 8, 1990

Total number of pages (including this one): 2

If you do not receive all the pages, please
telephone immediately (416) 362-2401, ext. 2445

Fax No.: 497-8257

Business No.: 497-7117

Client/Matter #'s: 0300328-0004

Lawyer Name/No.: A.B. Moore - 1220

Dear Kingsley:

Re: Special Claims

Prior to the February, 1989 special meeting of the CDSPI board of directors we considered the implications of having the CDIP life insurance plan make a loan, using a portion of its surplus funds, to the CDIP disability insurance plans (LTD and OOE) in order to permit payment of the disability claims denied by Imperial Life because of failure to comply with policy time period limitations. At that time we recommended that the loan bear interest at the same rate as the surplus funds would have earned had they remained on deposit with Metropolitan Life.

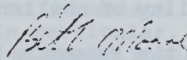
Since that time we have considered the tax situation pertaining to the life plan surplus and have concluded that income tax will be payable on the income earned on the surplus funds. If the loan made from the life plan surplus is interest-bearing the CDIP life insurance plan trust will have to pay income tax on the interest paid to it by the disability plan. There will therefore be a cost to the disability plan without an offsetting benefit to the life plan to the extent that the interest paid to the life plan is used to pay the income tax payable on that interest.

The payment of the claims denied by Imperial Life was made for the purpose of avoiding damaging publicity about the CDIP plans and the CDA insurance program and dissatisfaction of plan participants with CDIP. Such publicity and dissatisfaction

would have been harmful to all of the CDIP plans, not only the disability plans. On this basis it is arguable that it is in the best interests of the CDIP life insurance plan participants that the loan be made to the disability plan and that in recognition of that fact, and to minimize the overall costs to the CDIP plans of arranging for the denied claims to be paid, the loan should be non-interest bearing. The 70% overlap among plan participants is helpful to this argument but still leaves room for argument by the other 30%, if interest is not paid on the loan, that their surplus is being used to cross-subsidize the disability plan. The CDA's Executive Council, as trustees of the surplus funds, must therefore be satisfied that the argument set out in this paragraph has merit and that there is in fact a real benefit to the participants in the life insurance plan to be derived from the payment of the denied claims, which benefit provides sufficient justification for the loan being made on an interest-free basis. If the Executive Council decides to proceed with an interest free loan the recitals to the loan agreement should outline the benefits accruing to each of the plans as a result of the payment of the denied claims.

When you have considered the matters outlined in this letter please provide me with the necessary instructions so that I can proceed with the drafting of the loan agreement.

Yours truly,



A. B. Moore

ABM:vlb

PROFESSIONAL RESOURCE UTILIZATION COMMITTEE

REPORT TO THE EXECUTIVE COUNCIL - JUNE 1990

Members: Dr. D.E. MacFarlane, Chairman - Vancouver
 Dr. W. Bedford, Ottawa
 Dr. K. C. Bentley, Montreal
 Mrs. P. Johnson, Willowdale
 Dr. R. Salois, Sherbrooke
 Rev. R. Thomas, Scarborough

Executive Liaison: Dr. B. Dolansky, Ottawa

Coordinator: Mrs. S. Deziel

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION1. Meeting

The Committee has not met since the last report to the Board of Governors.

2. Issues facing the CDA

The issues facing the CDA in this area are best categorized under two sections:

- (1) Planning for the future - Professional Resource Needs
- (2) Those individuals studying outside of Canada and the possibility of challenge to the NDEB and its consequences

3. Planning for the Future - Professional Resource Needs

At the Interim Board Meeting, the Board identified professional resource utilization as a priority. The strategic plan put forward by the Committee was again agreed to with the exception of the timing aspect.

It is clear from the concerns raised to CDA's Professional Resource Utilization Committee that some parts of the academic community have not been as aggressive in proposing alternatives. CDA's approach in this area has always been one of seeking the broadest participation from the academic community and the deans. It is apparent that we need to review our approach and invite participation from a number of individuals who have an understanding and expertise in the area of manpower planning, data collection and its uses. We can then review PRUC's previous efforts utilizing R.K. House and Associates and identify which aspects in our approach are correct, which areas need to be augmented, and which require changes. If the criticism is fair, it will be acted on, but if it unfounded it will be reviewed and responded to.

My point of view on the need to utilize a model which can be updated on a regular basis over a number of years, is well-known. Any model whether economic or epidemiological, can be improved upon with experience and by having comparative data over a number of years.

In an attempt to eliminate a good deal of the concerns and to utilize an approach that will have broad support throughout organized dentistry in Canada and the academic community, it is recommended that a Sub-Committee of PRUC be created and a meeting held to review the existing model and future upgrading of this model to be undertaken. The budget for this meeting will be in the \$9,000 to \$10,000 range. Subsequent to this meeting, a plan would be developed for next year's activities and then a budget developed from that.

In addition to reviewing and recommending changes to the existing system, the Sub-Committee would also look at how the model will incorporate the new data becoming available in the near future, i.e. data from EDI, data from the National Adult Survey and any new provincial children's survey being initiated. In addition, it could review how to utilize the Dental Awareness Questionnaire information, and the kinds of questions required in this questionnaire.

2. Individuals Studying Outside of Canada

There are approximately 200 Canadians studying outside of Canada, in U.S. schools, in particular. There is a genuine concern about the number of students involved and the reported legal challenge that is supposed to be developing. The NDEB has a consultant, Judge Parker, reviewing the examination process as it currently stands. I understand his report is due toward the end of June 1990. It would seem prudent to wait for Judge Parker's report and then initiate a discussion with the NDEB. There are a very wide range of options available; the number that come to mind are:

1. If the NDEB process is deemed fair and reasonable by Judge Parker, nothing be done;
2. It is likely that even if Judge Parker deems it is generally fair, there will be some recommendations to improve the fairness. These should be reviewed with a view to implementation;
3. If Judge Parker is critical of the fairness, changes will be required;

4. The options that will be less likely to be judged unfair would be to require all new dentists to successfully pass an NDEB examination, the Canadian graduates included. I understand that currently the Order of Dentists of Quebec is planning to implement an examination for graduates in Quebec;
5. Another alternative would be for the Canadian grads not to sit an examination as they do now, and also not to receive a certificate from the NDEB, and that all foreign graduates would have to pass the NDEB. This alternative raises a number of questions. Many of the provincial licensing boards have as a requirement that one hold an NDEB certificate to be eligible to be registered. Some provinces would likely feel it was necessary to have a provincial examination for anyone wishing to come into the province to be registered. The portability of a dental degree from province to province would be in question.

This list was not meant to be exhaustive, only illustrative.

It is recommended that the CDA meet with the NDEB once the report of Judge Parker is received, and convene a meeting of licensing board representatives, CDA, NDEB, ACFD, etc.

Respectfully submitted,

Don E. MacFarlane, Chairman
Professional Resource
Utilization Committee

SCHEDULE FOR DR. KEVIN L. ROACH, PRESIDENT1989 - 19901989

September 2-8	FDI Congress	Amsterdam
September 6	University of Toronto - Welcome (represented by Dr. Gryfe)	Toronto
September 11	Western University - Welcome (represented by Dr. Dolansky)	London
September 18	DHM Reception - ODQ (represented by Dr. Dolman)	Montreal
September 21	Third Party Dental Plans-Conference	Toronto
September 29	CDA/ADA Management Committees	Chicago
September 30	Reception for Dr. Gordon Thompson (represented by Dr. Sigfstead)	Edmonton
October 17-19	Federal/Provincial Dental Health Council Annual Meeting	Halifax
October 19	Management Committee	Ste. Adèle
October 20-22	Executive Council - Planning Session	Ste. Adèle
October 23	Student Information Night - University of Western Ontario	London
October 26	Welcome to the Profession - Dalhousie University (represented by Dr. Wenn)	Halifax
October 26	Student Information Night - University of Toronto	Toronto
November 5-9	American Dental Association - Convention	Honolulu
November 27	NDEB Annual Meeting	Ottawa
December 1-2	ODA Fall Board Meeting	Windsor
December 2	Conference Call re: EDI	Windsor
December 16	CDA Management Committee	Ottawa
December 19	Staff Christmas Party	Ottawa

1990

January 9	Moose Jaw Dental Society (represented by Dr. Niedermayer)	Moose Jaw
January 12	CDA/ODA Management	Toronto
January 18-20	Manitoba Dental Association Meeting (represented by Dr. Allen)	Winnipeg
January 24	Management Committee	Sainte Anne
January 26-27	Pre-Board (Budget) Executive	Sainte Anne
February 12	CDA Management Conference Call	Ottawa
February 23	CDA/ODA Management re: EDI	Ottawa
March 5	Conference Call Management Cttee.	
March 7	Welcome to the Profession - McGill (represented by Dr. Dubé)	Montreal
March 29	Management Committee	Ottawa
March 29	ACFD/CDA Management	Ottawa
March 30-31	Interim Meeting CDA Board of Governors	Ottawa
April 22	CDA/NDEB/ACFD Management	Toronto
May 1-2	ODA Board	Toronto
May 3-5	ODA Annual Spring Convention	Toronto
May 3-5	Newfoundland Dental Association Annual Meeting (represented by Mr. Neilson)	Saint John's
May 4-5	New Brunswick Dental Society Annual Meeting/Centennial	Moncton
May 14 - 15	Commonwealth Oral Health Initiative	London
May 16-19	British Dental Association	London
May 20-24	Les journées dentaires du Québec (represented by Dr. Dubé)	Montreal
May 25	University of Saskatchewan Grad (represented by Dr. Bourassa)	Saskatoon
May 29	University of Toronto Grad (represented by Dr. Gryfe)	Toronto
May 29	McGill University Grad (represented by Dr. Dubé)	Montreal

1990 cont'd.

June 1-3	Dental Association of P.E.I. Annual Meeting	Mill River
June 6	Canada Volunteer Award Presentation (represented by Dr. Dolansky)	Ottawa
June 6	Management Committee	Pembroke
June 8-9	Pre-Board Executive	Ottawa
June 7	University of Western Ontario Silver Jubilee (represented by Dr. B. Brandon)	London
June 8	University of Western Ontario Convocation (represented by Dr. B. Brandon)	London
June 10 - 13	Alberta Dental Association	Kananaskis
June 14	University of Manitoba Reception (represented by Dr. Allen)	Winnipeg
June 15-16	Nova Scotia Dental Association Annual Meeting (represented by Dr. Wenn)	Sydney
June 20 - 22	ACFD - House of Delegates (represented by Dr. Dubé)	Quebec
June 25-26	CDHA Board of Directors (represented by Dr. Allen)	Winnipeg
June 28-30	College of Dental Surgeons of B.C.	Vancouver
August 2, 3	CFB Borden - Graduation	Borden
August 23	Management Committee	Ottawa
August 23	Open House Reception - CDA Headquarters	Ottawa
Aug. 24-25	Annual Meeting of CDA Board of Governors	Ottawa
August 25	Executive Council	Ottawa
August 25-29	CDA Annual Convention	Ottawa

Bold: Tentative Date

1990-07-03

COMMITTEE ON COMMUNITY & INSTITUTIONAL DENTISTRY

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Jack H. Gryfe, Chairman, Toronto
Dr. Neil Farrell, London
Dr. John Hardie, Ottawa
Ms. Carol Clemenhagen, Ottawa
Dr. Eckart Schroeter, Rothesay
Dr. Geoff Smith, St. John's
Dr. Wayne Steggles, Smith Falls
Mrs. Carol Worobey, Ottawa

Observer: Dr. Julian Tsafaroff, DVA, Toronto

Executive Liaison: Dr. Barry Dolman, Montreal

Coordinator: Mr. Brian Henderson, Director, Professional Services

Committee Meeting

The Committee on Community and Institutional Dentistry has met once since its report to the Interim Meeting of the CDA Board of Governors. The meeting was held in Ottawa on June 1, 1990.

ITEMS REQUIRING BOARD ACTION

1. Definition of Dentistry

The Canadian Dental Association has not adopted an official definition of dentistry and CDA has occasionally been requested to provide such an official definition for reference in legislation or elsewhere. The Committee believes it is important to record a definition which encompasses the preventive, diagnostic, therapeutic and maxillofacial dimensions of dentistry. A proposed definition was presented in the Committee's previous report. After consultation with each of the Corporate members as requested by the Board at the Interim Meeting,

RESOLVED:

- 90.49 **THAT the following definition of Dentistry be approved as the official description of the Canadian Dental Association:**

"Dentistry is the study, diagnosis, prevention and treatment of the conditions, diseases, injuries and malformations of the teeth, soft tissues and bone of the human jaws and adjacent structures."

ADOPTED

NOTE: Dr. D. Somer, Dr. J. Brookfield, Dr. B. Dolansky, Dr. M. Balfour and Dr. W. Glave opposed this motion.

2. **Supervision of Dental Hygienists**

After further discussion regarding the apparent impasse between The Canadian Dental Hygienists Association and the Canadian Dental Association in agreeing on a mutually acceptable definition of supervision,

RESOLVED:

- 90.50 **THAT the Canadian Dental Association create an ad-hoc committee with representation from the CDA, CDHA and Public Health Dentistry, to review the CDA Statement on Supervision Requirements for Dental Hygienists with a view to proposing a revised document acceptable to both organizations.**

ADOPTED

3. **Laser Statement**

Following a review of current research and clinical application of lasers in dentistry,

APPENDIX I

RESOLVED:

- 90.51 **THAT the appended CDA Statement on Lasers be adopted.**

ADOPTED

4. Medical Use

The Canadian Dental Association is a member of the Canadian Coalition on Medical Use and the Elderly. This organization's mandate includes the investigation of various influences on pharmaceutical use and health care in the elderly. The CDA has been requested to participate on one of the Task Forces of the Coalition, specifically, "Medication Awareness, a Program to Achieve Safe and Informed Drug Use by Seniors".

RESOLVED:

- 90.52 THAT CDA appoint a representative to the Steering Committee of the Coalition on Medication Awareness - A Program to Achieve Safe and Informed Drug Use by Seniors.

ADOPTED

The Board of Governors agrees, provided this representation is at no cost to CDA.

The Committee notes that Dr. Julian Tsafaroff, who attends meetings of the Committee on Community and Institutional Dentistry, will also be attending Coalition meetings and could ensure CDA representation without additional cost.

5. Supplementary Item For Approval: Statement on Teeth Whiteners

When the Committee's report was presented to Executive Council, information was presented on a series of new products being sold as "Teeth Whiteners". Executive Council requested the Committee to prepare a draft CDA Statement on Tooth Whiteners. The draft has been prepared and approved by the Committee through a mail ballot.

APPENDIX II

RESOLVED:

- 90.53 THAT the CDA Statement concerning Teeth Whiteners be approved.

The Board of Governors refers the matter back to the Committee and requests that it consult with the Consumer Products Recognition Committee and Dental Materials and Devices Committee in preparation of a Statement.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

6. Staggered Terms of Members

Pursuant to the direction of the Board at the Interim Meeting of March 1990, the Committee on Community and Institutional Dentistry has assessed its membership and proposes a staggering of terms to fulfill the Board request. It should be noted, however, that the staggering of these terms should not be punitive to the specialty representation required by the Terms of Reference. The members' terms have been staggered as follows:

<u>Member</u>	<u>First Term completed</u>
Dr. John Hardie, Ottawa, ON	Aug. 1991
Dr. Eckart Schroeter, Rothesay, NB	Aug. 1991
Dr. Geoff Smith, St. John's, NFLD	Aug. 1991
Ms. Carol Clemenhagen, Ottawa, ON	Aug. 1991
Dr. Neil A. Farrell, London, ON	Aug. 1992
Dr. Wayne Steggles, Smith Falls, ON	Aug. 1992
Mrs. Carol Worobey, Ottawa, ON	Aug. 1992
Dr. Jack H. Gryfe, Weston, ON	Aug. 1992

7. Definition of Geriatric Dentistry

It has been decided after a review of comments from the Corporate members that further consideration be given to a definition of geriatric dentistry prior to submission to the Board of a revised draft definition.

8. Quality Assurance - template

After reviewing numerous documents from organizations in both Canada and USA, the Committee on Community and Institutional Dentistry has determined that the development of a new history and examination form is redundant at this time. It is suggested that for any inquiries, the medical history form of the ADA and the ODA document entitled "Information on the Assessment and Production of A Dental Charting System" be recommended as the appropriate. It is the intention, however, of the Committee on Community and Institutional Dentistry at some future time to submit for acceptance a quality assurance document that will include an appropriately designed history and dental charting template.

9. Hazardous Waste Management

Numerous difficulties identified by Corporate members has made the submission of a hazardous waste management document impractical at this time. The Committee on Community and Institutional Dentistry has identified the necessity to totally review and restructure the document originally presented to the Interim Board in March 1990.

It is anticipated the revised document will be available for scrutiny prior to the Interim Board Meeting of 1991.

10. Fluoride levels in vitamin products

Correspondence from the College of Dental Surgeons of B.C. has identified apparent irresponsibilities in the packaging and labelling of a fluoridated vitamin product marketed by Meade Johnson. A letter is being sent to the company requesting changes in the packaging, labelling and marketing of trivifluor and polivifluor have been requested.

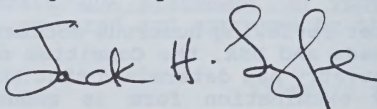
11. Fluoride Toxicology

A statement for press release, if necessary, has been developed to assist the CDA Communications Department to deal with any inquiries regarding possible fluoride toxicology.

12. Summary

In conclusion, I wish to thank my staff support for their unflagging interest and tireless dedication.

Respectfully submitted,



Jack H. Gryfe, Chairman
Committee on Community &
Institutional Dentistry

Filing of Report

The Board of Governors accepts the report of the Committee on Community and Institutional Dentistry with appreciation.

APPENDIX I

CDA Statement on Lasers

The Canadian Dental Association recognizes the utility of medical lasers in soft-tissue applications, but cautions that hard-tissue applications are in the initial stages of development and clinical research. It should be understood, in particular, that at this point in time, lasers do not represent a viable replacement for the high speed drill.

Dental practitioners choosing to employ medical lasers must have appropriate training and orientation to the equipment. Marketing of medical lasers in Canada is regulated by the Health Protection Branch of Health and Welfare Canada. Manufacturers must show compliance with Section 24 of Medical Devices Regulations. It should be noted that a certificate of compliance from Health and Welfare Canada does not represent approval of a device's clinical efficacy.

The specific use and application of lasers in dentistry falls under the authority of the individual provincial dental licensing authorities.

Approved by the
Board of Governors
Canadian Dental Association
August, 1990

CDA Statement Concerning Teeth Whiteners

The CDA Committee on Community and Institutional Dentistry is aware that whitening or bleaching claims are being made by a number of new products containing various types of oxygenating agents as the whitening or bleaching ingredient. Products in this category include: BriteSmile, Carbamide Peroxide 10%, Denta-Lite, Dentlbright, EpiSmile Tooth Whitener, Forever White, Instant White, Natural White, Nu-Smile, Rembrandt Lighten, Smile White, Ultra Lite, White & Brite, and White Teeth. Most of these products are in the form of a gel that is applied via a mouthguard tray and worn for several hours daily; others are toothpastes, one of which may be combined with a gel and some utilize a multistep process consisting of a mouth-cleansing agent, a gel, and one or more polishing creams. Some products are intended to be prescribed by dentists, while others are sold over the counter.

The Committee on Community and Institutional Dentistry has written to the Health Protection Branch of Health and Welfare Canada and asked for its position on these products. Clarification is being sought as to whether these products may be considered cosmetics, devices, or drugs under federal regulations. Products marketed as cosmetics, for example, may escape specific regulation.

These products may be safe and effective. However, the Council on Dental Therapeutics of the American Dental Association has expressed concern "because published scientific studies show that regular use of oxygenating agents may damage temporarily the soft tissues of the mouth, and may delay the healing of already damaged tissue. Other studies show that the use of these agents may cause varying degrees of damage to the pulp of the teeth. Additionally, extensive studies show that oxygenating agents such as hydrogen peroxide may cause mutations and/or enhance the effect of carcinogens."

The Canadian Dental Association does not have a product acceptance program under which these products would fall. Because several distributors have expressed an interest in submitting their products to the American Dental Association's acceptance program, however, distributors are being requested by ADA "to provide long term safety studies and well defined effectiveness studies before the products can be evaluated".

The CDA Committee on Community and Institutional Dentistry will undertake to communicate to CDA members the results of review by the ADA Council on Dental Therapeutics and of the CDA communication with Health Protection Branch of Health and Welfare Canada. In the interim, although light to moderate aging stains may be visibly reduced with 10% carbamide peroxide products, the need for longer term safety studies would suggest a cautious approach. Candid patient disclosure is essential if clinicians choose to use or recommend these products.

COMMITTEE ON CONSUMER PRODUCT RECOGNITION

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. M. Eggert, Chairman, Edmonton
Dr. B. Chapple, Port Hope
Dr. E.C.S. Chan, Montreal
Dr. H. Limeback, Toronto
Dr. H.S. Sandhu, London

Executive Liaison: Dr. F. Bourassa, Regina

Observer: Dr. M. Akoury, Health & Welfare Canada

Coordinator: Mr. B. Henderson, Director, Professional Services

1. Committee Meeting

The Committee on Consumer Product Recognition has held one meeting since the Interim Meeting of the CDA Board of Governors in March which took place May 25, 1990.

ITEMS REQUIRING BOARD ACTION

1. CPR Committee Cost Analysis

The Committee has reviewed a cost analysis for the operation of the Consumer Product Recognition Committee within the Professional Services Department. The analysis compared revenue from the Product Recognition Program in 1989 with costs of committee meetings, staff time and overhead. Costs totalling \$68,186.80 were found to compare with revenue of \$25,560.00. Members expressed the opinion that the Committee should operate on a cost recovery basis and various means of achieving this were reviewed. Further consideration will be given to necessary adjustments following analysis of data covering the last several years of Committee operation. In the interim, the Committee recommends an immediate adjustment to the annual fee charged manufacturers for products receiving CDA recognition.

RESOLVED:

90.54 THAT the annual fee for the CDA Seal of Recognition Program be increased by \$1,000 effective January 1, 1991 to bring revenue more closely in line with costs; and

THAT the CPR Committee conduct a further review of program costs and revenue.

ADOPTED

The Board of Governors agrees, with the understanding that the process will be further discussed and examined at the 1990 Planning Session.

2. Introduction of Consumer Product Recognition Program for Food Products

For the past two years, the Committee has been studying the feasibility of introducing a category of food products within the CDA Consumer Product Recognition Program. Various difficulties have been considered in connection with such a program and among these a major problem has been complications arising from the association of therapeutic claims with food products. Such claims, in the case of chewing gum, for example, could interfere with the marketing of the product in a regular over-the-counter fashion. The Committee believes that such a program can be introduced, however, if recognition is given in terms of the product being "a product which does not promote tooth decay". The Committee believes that recognition of products in this category would be of benefit to consumers in terms of dental health, of interest to manufacturers of products such as chewing gum and capable of administration within the CPR Program without undue complications. It is also felt that by starting a food product recognition program with a category such as chewing gum or comparable confections, experience could be gained with the general field which might assist future consideration of additional categories.

RESOLVED:

90.55 **THAT** the CDA approve the establishment of a Consumer Product Recognition Program offering recognition to food products providing evidence that they do not promote tooth decay; and,

THAT food categories eligible for recognition be approved by the CDA Board on an individual basis; and,

THAT the categories of cariogenic sugar replacements in confections be approved as an initial stage of this program; and,

THAT criteria and guidelines for the administration of each category of the program be presented to the CDA Board of Governors for approval.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**1. Consumer Product Recognition Program Anti-Gingivitis Statement**

Health Protection Branch has approved the proposed CDA statement for the recognition of products effective in controlling plaque above the gumline. This statement reads as follows:

"(Product name) contains (ingredient) which is, in our opinion, an effective agent that helps to control only simple, superficial inflammation of the gums due to plaque above the gumline and is of significant value when used in a conscientiously applied program of oral hygiene and regular professional care."

In the letter conveying Health Protection Branch approval, there is acknowledgement that the statement may need to be edited and made more concise to permit its practical use in packaging and advertising. No products have qualified for recognition under this program at present and this statement will be further reviewed when a product or products are successful in qualifying for recognition under this program.

Members of the Committee have expressed concern about products making unsubstantiated claims about effectiveness against plaque in consumer and professional publications including the CDA Journal. The Committee regularly advises the Health Protection Branch of Health and Welfare Canada with respect to such advertisements appearing in consumer publications. In order to take a similarly proactive initiative on the professional front, the Committee proposes to submit lists of products holding the CDA Seal of Recognition to the CDA Journal for periodic publication.

2. Publicity Re: Committee Activities

Activities of the CDA Consumer Products Recognition Committee have been covered in two publications in recent months. The Canadian Pharmaceutical Journal featured an interview with the Chairman in its February 1990 issue and a column in the Toronto Star also made reference to Committee activities.

3. Guidelines for the Recognition of Fluoridated Consumer Products

The Committee's guidelines for the recognition for the fluoridation of consumer products are being revised to incorporate increased emphasis on the need to employ control studies consistent with the principles of good research methodology. There has been a concern about inadequate attention to the possibility of clinical trials involving a "Hawthorne Effect" which may result when the experimental group is supervised and the control group does not have supervision. It has been demonstrated that the presence of supervision makes a significant difference in such studies. The revised guidelines will include a statement requiring provision for adequate control studies and minimization of any possibility of the Hawthorne Effect on the outcome of the trial.

4. CPR Database

The Committee is in the process of reviewing and refining a CPR Database which integrates pertinent information concerning products and companies holding the CDA Seal of Recognition. Information has been entered from a variety of sources. In view of its importance and potential utility, data will be confirmed through Dr. Limeback who will spend a day at the CDA office verifying entries. The Committee regards the establishment of this database as an important step in systematizing and coordinating information required for its effective operation.

The CPR Committee wishes to thank Mr. Brian Henderson, Director, Professional Services and Mrs. Lorraine Emmerson for their assistance during the past year.

Respectfully submitted,

F. Michael Eggert, D.D.S.,
MRCD(C), M.Sc., Ph.D.,
Chairman, Consumer Product
Recognition Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Consumer Products Recognition Committee.

CONVENTION COMMITTEE

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

General Chairman: Dr. Michel Jahjah, Montréal

Executive Liaison: Jardine Neilson

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Committee Meetings

The Convention Committee is meeting regularly on a monthly basis to prepare for the August convention. Dr. Richard Begg of Ottawa has joined the Committee and will organize this year's Fun Run.

2. Registration

The flow of delegate registration forms began in late April and is gradually increasing. We are processing approximately 25 main delegates a day, about one-quarter are accompanied by requests for hotels.

VIP registration packages to members of the Executive Council, Board of Governors and Invited Guests of the Board were sent the first week in May. A customized form has been designed to facilitate and co-ordinate the registration process for these special groups.

3. Computerized Registration

This year Exan will again be providing CDA Conventions with the support necessary to allow for computerized registration on site.

4. Exhibits

The exhibit floor is filled to capacity and there are a few names on a waiting list. There is room for a total of 241 booths. The floor plan was modified to allow room to set-up "food functions" in the exhibit hall area - this is designed to attract delegates to the exhibit hall.

This year's exhibit hall will also feature a new attraction. The "Test Your Dental Knowledge" display will provide dental professionals with an opportunity for self-evaluation in a variety of dental areas. For instance, photos will be posted illustrating various pathologies and participants will be asked to identify the pathology - answers will be posted beneath so individuals can determine their success in private.

4. Publicity

The preliminary programs were mailed out during the first week of May. Copies were sent to all licensed dentists in Canada (approximately 13,300), to all CDAA members (1,700), to all hygienists residing in Ontario (3,500), all out-of-province CDHA members (approximately 1,500) and 400 graduate students.

In addition, the CDA Journal has provided extensive coverage since January. In June, a special 16-page Convention Supplement will be mailed with the Journal.

The 1990 CDA Convention will also be publicized in the June issue of Dental Products Report. A multi-page spread will also appear in the July/August issue.

5. Sponsorship

The Opening Ceremony will be held at the Palais des Congrès in Hull and delegates will be bused from the Westin Hotel. The program has not yet been finalized.

Ash Temple has agreed to sponsor the Exhibit Attendance draws and Aurum Ceramic and Classic Dental Laboratories have agreed to provide a Chrysler car for the car draw.

A number of other dental companies are sponsoring speakers, others are providing support to finance purchases of articles such as pens and registration kits.

6. Convention Staff

Two new staff members have joined the Convention team. Marie Juneau began in mid-April and is responsible for delegate registration and hotels. Lisa Graziadei, who worked with us to prepare for the Vancouver Convention began in May and is responsible for exhibitors.

7. Convention Attendance

A verbal report will be presented to the Board in August, detailing registration figures in all categories of attendance.

Respectfully submitted,

Michel Jahjah, D.D.S.
General Chairman
CDA Conventions

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Convention Committee.

COMMITTEE ON DENTAL MATERIALS AND DEVICES

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. R.Y. Barolet, Chairman, Montreal
Dr. P. Desautels, Montreal
Dr. L. Johnson, London
Dr. D. Jones, Halifax
Dr. R. Roydhouse, Vancouver
Dr. D. Smith, Toronto
Dr. P.T. Williams, Winnipeg
Mr. G. Jarvis - Observer - DIAC
Ms. L. Leiman - Observer - ISTC
Dr. A. Chawla - Observer - HPB

Executive Liaison: Dr. F. Bourassa

Coordinator: Mr. B. Henderson, Director, Professional Services

1. Committee Meetings

The Committee has held one meeting since its report to the 1990 Interim Meeting of the CDA Board of Governors; the meeting was held on May 11, 1990.

ITEMS REQUIRING BOARD ACTION

2. Budget Cutbacks to Standards Council of Canada

The CDA Committee on Dental Materials and Devices works closely with the Canadian Standards Association, both through its Technical Committee on Dentistry, Chaired by Dr. Derek Jones and the CSA Standards Steering Committee on Health Care Technology, Chaired by Mr. Brian Henderson. At the May 11th meeting of the CDA Committee on Dental Materials and Devices, reports were presented on the activities of these CSA Committees and concern was expressed by both Dr. Jones and Mr. Henderson with respect to the fact that the Standards Council of Canada is finding it difficult to maintain financial support required to continue sending representatives of Canadian dentistry to ISO meetings where international standards are developed. It was pointed out that the Canadian Standards Association is adopting a compendium of standards relating to Dental Materials and Devices which incorporates a whole series of ISO standards which were developed with strong Canadian input made possible by such funding. The Committee on Dental Materials and Devices believes that Canada's continuing participation in the development of such international standards is essential; we need to ensure that Canadian national interests are reflected at the international level and Canadian participation is now more important than ever in the light of the need to harmonize national standards

with international requirements because of Free Trade, Europe 1992 and other such influences. Both the CSA Technical Committee on Dentistry and the CSA Steering Committee on Health Care Technology have expressed concern about the diminishing ability of the Standards Council of Canada to support such Canadian participation in the development of international standards.

RESOLVED:

90.56 THAT the CDA Board of Governors express concern to the Minister of Health and Welfare and the Standards Council of Canada, concerning budget cuts affecting the Standards Council of Canada and their consequence of reduced Canadian participation in the development of international standards for dental materials and devices and other health-care products at a time when international harmonization of standards is increasingly important.

ADOPTED**APPENDIX I**

Suggested letters and attachments are presented in Appendix I.

3. Professional Products Recognition Program: Proposed addition

In recent years, the Committee on Dental Materials and Devices has been made aware of a number of problems experienced by dentists with poor quality rubber gloves. In response, the Canadian Dental Association supported the Committee Chairman's attendance at meetings of the Canadian General Standards Board concerned with the development of a national standard for the manufacture of such products and a certification process to identify products meeting the standard. CGSB has completed this project and 4 applications for certification under the new standard have been received with a number of other applications expected shortly. Manufacturers must submit satisfactory evidence of compliance with the standard and the approval process includes an initial and periodic on site visits to the manufacturing facility.

Mr. Terry Cave, General Programs Manager from CGSB has indicated that inclusion of rubber gloves in the CDA Professional Products Recognition Program would encourage manufacturers to comply with the new CGSB standard. The CGSB standard would be used as the specific reference standard employed by CDA and products submitting evidence of compliance with the CGSB standard would be granted the use of the CDA

seal and statement upon acceptance of their application to CDA. The CDA Committee on Dental Materials and Devices is accordingly recommending that the category of rubber gloves be added to the CDA Professional Products Recognition Program:

RESOLVED:

- 90.57 THAT the Canadian Dental Association Professional Product Recognition Program add the category of surgical rubber gloves and employ the Canadian General Standards Board certification program as the specific reference standard for products recognized in this category.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. CDA Professional Products Recognition Program and Toothbrush Statement Program

Manufacturers have been slow to respond to the CDA Professional Products Recognition Program and Mr. Gary Jarvis, President of the Dental Industries Association of Canada, has agreed to invite Mr. Henderson and Dr. Barolet to the Association's meeting in August to present information on the Recognition Program.

The second of the Product Recognition Programs operated under the Committee is the CDA Toothbrush Statement Program. Manufacturers submitting acceptable evidence of quality control in manufacturing specific toothbrushes are eligible for CDA recognition. Two products have been recognized at this time:

- 1) Von Shawman's POH toothbrush
- 2) Johnson & Johnson's Prevent toothbrush

The CDA Toothbrush Statement encourages consumers to change toothbrushes "every 2-3 months". Because of an article in a U.S. journal suggesting that toothbrushes were sources of infection and re-infection, CDA had received inquiries from the press inquiring about CDA policy. It was helpful to be able to refer to the existence of the CDA Toothbrush Statement Program.

5. Mercury Toxicity

The Committee appreciates the CDA Board of Governors' support of its position that there are no definitive studies indicating that silver dental amalgam causes toxicity problems in dental patients, except for patients with acute sensitivity. The Committee also supports the Board's encouragement of research studies with the potential to provide some definitive answers as recent studies, such as the one by Dr. Vimy entitled "Dental "silver" tooth fillings: a source of mercury exposure revealed by whole-body scan and tissue analysis" continue to raise questions about mercury uptake from dental amalgam. The Committee has agreed that a sub-committee be employed to advise the Board and the Canadian Fund for Dental Education on applications for the grant of \$10,000. made by the Canadian Dental Association as seed money for a research study on the toxicity of silver amalgam. The Chairman and Mr. Henderson will serve as the core of the Committee and invite representation from Health & Welfare with a view to facilitating the next step in the process, which would be requesting a National Health Resources Development Plan grant for the successful research project.

6. Cosmetic Whiteners

The Committee has become aware of a number of inquiries about tooth whiteners using the bleaching process. Since the products involved advertise cosmetic rather than therapeutic value, they do not fall under regulations of the Food and Drug Directorate. The Committee is continuing to monitor developments in this area, although there is little specific action it can take; the CDA Journal has been informed that there may be some potential for an article in view of interests developing in this topic.

7. Review of CDA Policy and Guidelines Manual

As directed by the Board, the Committee is reviewing a number of position papers previously developed by the Committee and has decided to undertake the revision of several. These include the following:

Guidelines for Safe Mercury Handling in the Dental Office
Alternative Alloys for use in Crown and Bridge Procedures
Microfill Resins.

8. Appreciation

I would like to express my appreciation to the members of the Committee, the representatives from DIAC and Department of Industry, Science & Technology, the observers from Health & Welfare and the staff for their cooperation and effort involved in maintaining programs operated under the Committee's authority and for productive discussion, at each meeting, of issues of current concern.

Respectfully submitted

Ralph Y. Barolet, D.D.S.
Chairman
Committee on Dental Materials & Devices

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Dental Materials and Devices.

DRAFT

Appendix I

May 24, 1990

Mr. Georges Archer
President
Standards Council of Canada
350 Sparks Street Suite 1200
Ottawa, Ontario K1R 7X7

Dear Mr. Archer:

I am writing on behalf of the Canadian Dental Association to express our concern with the reduction of support provided by the Standards Council of Canada towards Canadian participation in the development of international standards. I understand that the Council itself took the decision to introduce such a reduction, but that this action was taken in response to several reductions in the overall budget of the Council introduced by the Federal Government.

While I am confident that your decisions were made conscientiously in the light of the Council's overall priorities and available resources, I wish to offer the support the Canadian Dental Association for the specific funding required to maintain Canadian participation in the development of international standards. Enclosed is a copy of a letter to the Minister of Health & Welfare on behalf of the Canadian Dental Association explaining the reason for our concern. We are encouraging the Federal Government either take an initiative to provide this funding or to indicate what alternative means may be introduced of ensuring that Canadians are in a position to influence the development of international standards. International standards are increasingly important with developments such as Free trade and Europe 1992. We would certainly be interested in receiving information about any plans that the Standards Council of Canada may have to ensure the re-introduction of support for Canadian participation in the development of international standards.

Thank you for your consideration of our concern,

Yours sincerely,

Kevin Roach, D.D.S.,
President
Canadian Dental Association

c.c. Minister of Health & Welfare, Perrin Beatty
Encl.

DRAFT

May 24, 1990

Minister of Health & Welfare
The Honourable Perrin Beatty
Minister's Office
Room 314, West Block
House of Commons
Ottawa, Ontario K1A 0A6

Dear Minister:

I am writing on behalf of the Canadian Dental Association to express our concern with budget cuts imposed on the Standards Council of Canada which will constrain Canadian participation in the development of international standards. The Canadian Dental Association regards such participation as a vital current priority. I have also written to the Standards Council of Canada on the same topic and a copy of the letter is attached.

It is apparent that national standards are an essential foundation for everything from product design through certification, determination of product safety and efficacy to purchases by consumers, industry and government. Our International Treaty obligations require harmonization of standards with the United States and our economic health depends upon our ability to maintain exports to all markets of the world. With the trend toward the increasing importance of international standards, Canadian participation in ISO -IEC standard writing organizations is essential to ensure that Canadian national interests are reflected at the international level. This is important because inevitably what is done at that level will be reflected back into the Canadian national standard system.

The Canadian Dental Association endorses the appended position paper prepared by the Canadian Standards Association Technical Committee on Dentistry at its May 9, 1990 meeting. Canada's role in the development of international standards for Dental Materials and Devices is outlined and it is this kind of role which is threatened by budget reductions supporting the Standards Council of Canada. Representatives of the Canadian Dental Association would be prepared to meet with you and discuss the importance of Canadian participation and the development of international standards for Dental Materials and Devices. If the Canadian government has alternative means of supporting Canadian involvement in international standards development we would also be interested in learning about these plans.

Thank you for your consideration of this submission.

Yours sincerely,

Kevin Roach, D.D.S.
President
Canadian Dental Association

c.c. Mr. Georges Archer, President, SCC
Encl.

Canada's Role in the Development of International Standards for Dental Materials and Devices.

Canada's participation in standardization in the health-care field is extremely important, the public are increasingly concerned about the quality and safety of materials which are placed into their bodies. Canada has a moral and an ethical responsibility to play a role in the development of international standards in this vital area.

The importance of standards for dental materials can be measured by the fact that some 95% of the general public in an advanced country like Canada suffer at some time in their life from some form of dental disease the most common and universal health care problem in the world. Contrary to general belief, all materials supplied by manufacturers are not necessarily safe to use. Several thousand different dental materials and devices are imported into or manufactured in Canada. It is important to ensure that such materials used in the provision of Health care meet a minimum standard and are safe to use.

Dental Biomaterials are materials that can be incorporated into the mouth to assist in the performance of essential functions without creating injurious side effects. They may be metals, polymers, ceramics or modified natural materials and are frequently sophisticated composites involving these components.

Dental materials are distributed world-wide by many large companies, principally from countries such as Germany, United States, United Kingdom, and Japan. However, small countries from various parts of the world also produce dental products which may end up in Canada. The establishment of national and international standards will help to control and prevent importation of inferior products. Unfortunately Health and Welfare Canada do not possess the manpower and expertises in the dental field to adequately protect and cover this very important field. The majority of the Canadian public who will end up suffering from some form of dental disease will require treatment with dental biomaterials, dental equipment and devices.

Canada and the United States, like most industrialized countries, have an aging population. According to Statistics Canada the population increase between now and the year 2001 will be only 11%. The over 65 years age group will increase by more than 25% and they will represent 14% of the population. More than 47% of the population will be over 40 and less than 25% of the population will be under 20. This aging population will place greater demands on the future needs for the use of dental biomaterials as replacements for natural tissues. The increasing number of survivors into

old age already indicates a need for new and improved dental biomaterials to the end of this century and beyond. This situation will be reinforced because of a larger proportion of relatively healthy older people with increased physical activity who will make greater demands on cosmetic and reconstructive surgery and dental implants.

The background paper to the National Science and Technology policy states, as a strategic direction, that "governments should ensure adequate support for the explicit mission of government in areas such as health, the environment and security." The utilization of dental biomaterials and devices in health care encompasses all of these areas involving as it does therapies and procedures that improve the quality of life for the patient. Canada has a very high quality of dental care recognized throughout the world for its excellence. However, Canada has also one of the highest per capita expenditures in health care costs in the world. This is reflected in the escalating costs of health care to the Provinces. We have an obligation to ensure that inferior sub-standard materials are not used in our health care system as a means of reducing costs.

Canada through the Canadian Advisory Committee to ISO/TC 106, has played a leading role in the development of ISO standards for the past 15 years. It is very important that Canada continues to have a say in the development of these standards which have a direct impact on the quality of dentistry in Canada. It is the standards dealing with biological safety and performance and those standards dealing with implants which will become of great importance in the future. The Canadian Dental Association have now put in place a product recognition programme which is based upon compliance with national or international standards. The Canadian government have an ethical and moral obligation to continue to participate in the drafting of international standards for dental materials and devices.

The presence of Canada in the ISO/TC 106 committee is highly valued for the technical and scientific expertise which we are able to bring to the committee, as well as the efficient administrative functions performed, however, Canada is also seen as providing a leadership role. The need to provide leadership and maintain a balance of fairness during the transition period of the EEC as we approach 1992, with concern of dominance by the CEN committees voting as a block, is a factor which unfortunately has to be faced. Canada has a moral and an ethical responsibility to play a role in the vital area of international standardization of dental materials, equipment and devices.

=====

Respectfully submitted

Dr.Derek W. Jones,
Chairman CSA Technical Committee on Dentistry.

COMMITTEE ON ETHICS

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Jim Brookfield, Chairman, Kirkland Lake
Dr. Blake Creaser, New Germany
Col. M.N. Deyette, Ottawa
Dr. Brian Rocky, Vancouver
Dr. Ben G. Saik, Calgary

Executive

Liaison: Dr. Ray Wenn, Charlottetown

Coordinator: Mrs. Sandra Deziel

1. Committee Meetings

Since the March 1990 Interim Meeting of the Board of Governors, the Committee on Ethics has met once on April 20-21, 1990.

ITEMS REQUIRING BOARD ACTION

2. CDA Policy Statement on Advertising

Following direction received by the Executive Council to proceed with the preparation of a CDA Policy Statement on professional advertising, the Committee wrote to Corporate Members, Licensing Bodies, and Specialty Sections requesting input on the development of a CDA Statement.

All input received as a result of this initial request was considered by the Committee in the preparation of a draft policy statement. The draft statement was circulated on April 27, 1990 to Presidents and CEO's of Corporate Members, Presidents and CEO's of Licensing Authorities, Presidents and CEO's of Specialty Sections, and the Chairman and members of the Board of Governors, with a request for final comment by May 23, 1990. All comments have been reviewed and considered in the preparation of the final policy statement which is appended.

APPENDIX I

The CDA Position Statement contains broad principles, and does not detail specific requirements. It is believed that this statement could be useful to the Corporate Bodies as a guideline, especially in the case of those provinces that do not currently have such principles as part of their standard. In addition to this, the CDA has in the past been asked to provide comment on various questions concerning professional advertising. The proposed Position Statement would be the basis for response to such inquiries.

RESOLVED:

90.58 THAT the appended CDA Policy Statement on advertising be approved.

ADOPTED

3. Preamble to the Code of Ethics

The first draft of the Preamble to the Code of Ethics was presented to the Board at the 1990 Interim Meeting as information. This initial draft was forwarded to bioethicists and those with experience in teaching ethics for comment. Their comments were considered by the Committee, and a revised Preamble was circulated for comment on April 27, 1990. The document was given broad circulation as indicated in the appended correspondence.

APPENDIX II

In addition, the revised Preamble was forwarded to Dr. Abbyann Lynch, Director, Westminster Institute, Department of Ethics and Human Values, Dr. David Ozar, Associate Professor, Department of Philosophy and Associate Clinical Professor, School of Dentistry, Loyola University of Chicago, and Dr. John Eisner, Visiting Professor, University of Buffalo, Department of Behavioral Sciences; these individuals had provided comments on the initial draft. In keeping with the Committee's intentions to obtain input from the lay public on the revised Code of Ethics, the draft Preamble was also forwarded to Rev. Rondo Thomas with a request that he provide comment.

All input received prior to the deadline for comment - May 23, 1990 has been considered.

The Preamble to the Code of Ethics is the foundation from which the remainder of the Code will be developed. Although the Committee recognizes that minor wording adjustments may be required to the appended document, it is essential that approval in principle be received before the Committee proceeds to present the remainder of the Code for Board approval.

RESOLVED:

90.59 THAT the appended Preamble to the CDA Code of Ethics be approved in principle.

ADOPTED**ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION****4. Revised CDA Code of Ethics**

The Committee has completed a first draft of the revision to the Code of Ethics. The sections of the Code have been prioritized as follows:

- Responsibilities to Patients
- Responsibilities to the Public
- Responsibilities to the Profession
- Responsibilities to Colleagues

In addition, the individual articles within each section have been prioritized.

As previously stated, the Preamble to the Code of Ethics is the foundation on which the remainder of the Code was prepared. Review of this material should be tied closely to the Preamble. The educational nature of the document must be kept in mind as well as the many publics, with which this document is intended to communicate.

This document was given identical circulation to the Preamble to the Code, and was forwarded for comment on May 28, 1990. The deadline for comment was set at August 17, and the Chairman has reviewed all comment received to date. The Committee will be giving consideration to all comments received at its next meeting, tentatively scheduled for September. Major revisions to the appended first draft will be re-circulated for comment with the intent that the final document be presented to the 1991 Interim Meeting of the Board for approval.

APPENDIX III

5. General Guidelines for Referring Dental Patients to Specialists

The CDA Committee on Dental Specialties is preparing draft general guidelines for referring dental patients to specialists, and has requested comment from the Committee on Ethics. The Committee has noted that portions of the American document, which will be adapted to the Canadian setting, incorporate extracts from the ADA's principles of ethics and code of professional conduct. The Committee on Dental Specialties has been referred to the current review of the CDA's Code, and the target date for approval by the CDA Board of Governors. The Committee on Ethics has requested a copy of the draft guidelines for information and/or comment.

6. CDA Convention Program Speakers

The Committee has received correspondence expressing concern with a portion of the CDA's Scientific Program for the 1990 Convention from an ethical point of view. Correspondence in this regard is appended for the Board's information.

APPENDIX IV

Respectfully submitted,

James R. Brookfield, D.D.S.
Chairman, Committee on Ethics

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Ethics.

CDA POLICY STATEMENT ON ADVERTISING

The Canadian Dental Association is dedicated to the principle that all Canadians should have the best oral health care that it is possible to provide. The Association recognizes that health promotional programs such as institutional advertising are an essential education tool to increase public awareness of the value of oral health. Such programs should be designed to influence the public to make informed choices when dealing with oral health issues.

The CDA believes the most effective promotional programs will result from professionally designed campaigns sponsored at the national and provincial levels. Such an approach will maximize the use of available resources and complement other public health education programs or dental industry activities.

The CDA considers that advertising by individual dentists which directly or indirectly is designed for the aggrandizement of the individual dentist or a dental practice is inappropriate. Such advertising will only serve to increase direct treatment costs to the patient without contributing to the goal of improving oral health of all Canadians.

Therefore, the CDA promotes the concept of institutional advertising as opposed to the concept of individual advertising.

Approved by the
Board of Governors
Canadian Dental Association
August, 1990



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

M E M O R A N D U M

April 27, 1990

TO: See Distribution Below

FROM: Dr. James R. Brookfield, Chairman
Committee on Ethics

SUBJECT: Preamble - CDA Code of Ethics

/S. David

In 1989, the CDA Committee on Ethics was directed by the Executive Council to commence a thorough review of the CDA Code of Ethics and recommend appropriate revisions. The Committee's report to the 1990 Interim Meeting contained as information the first draft of the Preamble to be incorporated into the Code of Ethics.

This initial draft was forwarded to bioethicists and those with experience in teaching ethics for initial comment. That comment has been considered, and the Committee has developed the attached revised document.

It is the Committee's intent to present the Preamble to the Code of Ethics to the Board of Governors at its 1990 Annual Meeting for approval in principle. It is therefore most important that the Committee receive feedback from you, particularly if your comment pertains to the overall principles, values, and general thrust of the Preamble.

The Committee has initiated the drafting of the individual sections of the Code under the following prioritized headings:

- Responsibilities to Patients
- Responsibilities to the Public
- Responsibilities to the Profession
- Responsibilities to Colleagues

These sections of the Code will be circulated for comments once the Committee has had the opportunity to review them and reach consensus. In the meantime, it is extremely important that approval in principle of the Preamble be obtained, as the individual sections of the Code are closely tied to the principles and values contained in the Preamble. I therefore request that you provide comments on the attached draft Preamble no later than May 23, 1990.

The CDA Executive Council will hold its Pre-Board Meeting on June 8-9, 1990, and it is the Committee's intention to submit the Preamble for Executive's consideration at that time. It would be appreciated if all organizations circulated with this document could provide a response in order that the Committee have confirmation that the document was received and considered.

Governors are being provided with a copy of this memorandum and the draft Preamble in order that they be aware of its circulation. They are invited to provide their individual comments to the Committee directly if they wish, or through their Corporate Member.

Encl.

Distribution List

Presidents & CEOs - Corporate Members
Presidents & CEOs - Licensing Authorities
Presidents & CEOs - Specialty Sections and Groups
Presidents & CEOs - ACFD, CDAA, CDHA, CFDE, NDEB, RCDG
Deans - Faculties of Dentistry

c.c.: Chairman and Members, Board of Governors
Executive Director
CDA Directors
Committee on Ethics

/msg

**CANADIAN DENTAL ASSOCIATION
CODE OF ETHICS
PREAMBLE**

PURPOSE

This Code of Ethics is a set of principles of professional conduct to which dentists must aspire to fulfil their duties to their patients, to the public, to the profession, and to their colleagues. This Code clarifies principles that are definitive of professional and ethical dental care. For those about to enter the profession, this Code identifies the basic moral commitments of dentistry and will serve as a source for education and reflection. For those within the profession, this Code provides direction for ethical practice; in so doing, it also serves as a basis for self-evaluation. For those outside the profession, this Code provides public identification of the profession's ethical expectations of its members. Therefore, this Code of Ethics is educational, guides behaviour and expresses to the larger community the values and ideals that we espouse by reason of trust and commitment.

PRINCIPLES

This Code is the national guideline of, and expresses the values shared by, the dental profession across Canada. In each province, the licensing bodies have adopted Codes of Ethics to guide and set standards for their jurisdictions.

Dentistry is a profession, in part, because the decisions of its members involve moral choices. Every dental practitioner makes decisions that involve choices between conflicting values while providing care for patients. These values should be carefully considered by a dentist and decisions regarding them should be made prior to providing treatment. Among these are the particular values to which the dental profession is especially committed. These are listed here in the order of priority and include:

Life and Health:

The primary concern is the life and general health of the patient.

Appropriate and Pain
Free Oral Function:

The specific nature of such function for each individual patient depends on variables including the patient's age, general health, underlying anatomy, and compliance with oral hygiene.

Patient Autonomy:

The patient has the right to choose from alternate treatment plans that meet professional standards of care. The treatment plan chosen may or may not be that which the dentist would prefer.

Practice Preferences:

Dentists may vary the scope of their practice with regard to the range of services performed. A dentist's preferred method of delivery of dental care plays an important role in his treatment decisions and should be respected.

Aesthetic values:

Oral and facial appearance is important to the self-image of the patient and an important consideration of dental practice.

Costs:

Dentistry often offers treatment choices with a range of costs. Appropriate treatment alternatives are to be presented each with its associated costs and benefits.

Under certain circumstances, a lower ranked value may justifiably be chosen over the next higher. These circumstances will depend upon the clinical situation that may arise. Other external factors may be present but rarely be of such ethical significance as to outweigh the prioritized values, particularly the higher values.

This document is intended to guide a dynamic process of interaction between a dentist and patient, and the dental profession and the larger community. It reflects not only current thought on issues, but is also an ethical framework that is responsive to changing needs and values. While change is inevitable - certain truths will always remain for us to identify in our response to the human condition.

The dentist's primary responsibility is to the patient. In fulfilling this responsibility, the dentist shall uphold the honour and the dignity of the profession and shall adhere to professional codes and obligations as well as the required applicable legislation.

MEMORANDUM

May 28, 1990

TO: See Distribution Below

FROM: Dr. James R. Brookfield, Chairman
Committee on Ethics

SUBJECT: Revised CDA Code of Ethics

The CDA Committee on Ethics has completed a first draft of the revision to the Code of Ethics. This document is attached for your review and comment. Attached for your ease of reference is a copy of the Preamble to the Code which has been circulated for your comments previously.

The sections of the Code have been prioritized as follows:

- Responsibilities to Patients
- Responsibilities to the Public
- Responsibilities to the Profession
- Responsibilities to Colleagues

In addition, the individual articles within each section have been prioritized.

The Preamble to the Code will be presented to Governors at the 1990 Annual Meeting for approval in principle. The Preamble is the foundation on which the remainder of the Code was prepared.

Your review of this material should be tied closely to the Preamble. The educational nature of the document must be kept in mind as well as the many publics with which this document is intended to communicate.

.../2

The Committee believes input from a wide range of jurisdictions to be valuable, and requests that it be given careful consideration by your organization. In order to facilitate this, the deadline for comment has been set at August 17, 1990. In doing so, the Committee urges that this document not be set aside, but that appropriate comment be forwarded to the CDA at your earliest convenience.

Governors are being provided with a copy of this memorandum and the draft CDA Code of Ethics in order that they be aware of its circulation. They are invited to provide their individual comments to the Committee directly if they wish, or through their Corporate Member.

The CDA Code of Ethics is intended as an educational document which espouses the ideals to which the profession aspires. The CDA Committee on Ethics thanks you in advance for your comment and support which will ensure that the CDA Code of Ethics is a document of which we can all be proud.

Encl.

Distribution List

Presidents & CEOs - Corporate Members
Presidents & CEOs - Licensing Authorities
Presidents & CEOs - Specialty Sections and Groups
Presidents & CEOs - ACFD, CDAA, CDHA, CFDE, NDEB, RCDC
Deans - Faculties of Dentistry

c.c.: Chairman and Members, Board of Governors
Executive Director
CDA Directors

/msg

TABLE OF CONTENTS

RESPONSIBILITIES TO PATIENTS

ARTICLE 1:	SERVICE
ARTICLE 2:	COMPETENCY
ARTICLE 3:	CONSULTATION AND REFERRAL
ARTICLE 4:	EMERGENCIES
ARTICLE 5:	PROVISION OF CARE
ARTICLE 6:	DELEGATION OF DUTIES
ARTICLE 7:	ARRANGEMENTS FOR ALTERNATE CARE
ARTICLE 8:	CHOICE OF TREATMENT
ARTICLE 9:	CONFIDENTIALITY
ARTICLE 10:	GUARANTEE
ARTICLE 11:	PROVISION OF INFORMATION
ARTICLE 12:	RECORDS

RESPONSIBILITIES TO THE PUBLIC

ARTICLE 1:	REPRESENTATION
ARTICLE 2:	CONTRACTUAL SERVICES
ARTICLE 3:	CHOICE OF DENTIST
ARTICLE 4:	THIRD PARTY FEES
ARTICLE 5:	FEES AND COMPENSATION FOR SERVICE
ARTICLE 6:	COMMUNITY ACTIVITIES
ARTICLE 7:	MARKET ADVOCACY

RESPONSIBILITIES TO COLLEAGUES

ARTICLE 1:	CONSULTATION AND REFERRAL
ARTICLE 2:	JUDGEMENTS IN PEER RELATIONS

RESPONSIBILITIES TO THE PROFESSION

ARTICLE 1:	SUPPORT OF THE PROFESSION
ARTICLE 2:	INAPPROPRIATE CONDUCT
ARTICLE 3:	ADVERTISING
ARTICLE 4:	PROFESSIONAL EQUALITY
ARTICLE 5:	PATENTS AND COPYRIGHT

RESPONSIBILITIES TO PATIENTS

ARTICLE 1: SERVICE

As a primary health care provider, the dentist's first responsibility is to the patient. As such, the competent and timely delivery of quality care within the bounds of clinical circumstances presented by the patient, shall be the most important aspect of that responsibility.

ARTICLE 2: COMPETENCY

The privilege of dentists to be accorded professional status rests primarily in the knowledge, skill, and experience with which they serve their patients and society. All dentists, therefore, must keep their knowledge of dentistry contemporary, and must provide treatment in accordance with currently accepted professional standards.

ARTICLE 3: CONSULTATION AND REFERRAL

Dentists shall provide treatment only when qualified by training or experience otherwise a consultation and/or referral to an appropriate practitioner is warranted.

ARTICLE 4: EMERGENCIES

A dental emergency exists if a person needs immediate attention to relieve pain, or to control infection or bleeding. Dentists have an obligation to consult and to provide treatment in a dental emergency, or if they are unavailable, to make alternative arrangements.

ARTICLE 5: PROVISION OF CARE

The dentist shall remember the duty of service to the patient and therefore is responsible to provide for care to all members of society. The dentist shall not exclude, as patients, members of society on the basis of nationality, creed, race, colour, sex or in any other manner which may be contrary to applicable human rights legislation. Other than in an emergency situation, the dentist has the right to refuse to accept an individual as a patient on the basis of personal conflict or time constraint.

ARTICLE 6: DELEGATION OF DUTIES

Dentists must protect the health of the patients by delegating duties or procedures only to those persons qualified by skill, training and licensure.

RESPONSIBILITIES TO PATIENTS

ARTICLE 7: ARRANGEMENTS FOR ALTERNATE CARE

A dentist having undertaken the care of a patient shall not discontinue that care without first having given notice of that intention and should endeavour to arrange for continuity of care with colleagues.

ARTICLE 8: CHOICE OF TREATMENT

The dentist must discuss with the patient treatment recommendations, reasonable alternatives and associated costs to allow the patient to make an informed choice.

ARTICLE 9: CONFIDENTIALITY

Patient information acquired in the practice of dentistry, should be kept in strict confidence except as required by law.

ARTICLE 10: GUARANTEE

A dentist must, neither by statement nor implication, warrant or guarantee the success of operations, appliances or treatment. A dentist has the responsibility to provide a high standard of care and accept responsibility for treatment rendered.

ARTICLE 11: PROVISION OF INFORMATION

A dentist is obligated to provide to the patient fair comment and opinion of their oral health.

ARTICLE 12: RECORDS

The dentist must establish and maintain adequate records of medical-dental history, clinical findings, diagnosis and treatment of each patient. Such records or information must be released to the patient or to whomever the patient directs, when requested by the patient. Original records should be retained and a duplicate provided.

Rev. 1990-04-20

RESPONSIBILITIES TO THE PUBLIC

ARTICLE 1: REPRESENTATION

Dentists should represent themselves in a manner that contributes to the esteem of the profession. Dentists shall not represent their education, qualifications or competence in any way that would be false or misleading.

ARTICLE 2: CONTRACTUAL SERVICES

The dentist, by entering into a contract with an organization or other party involving the practice of dentistry, neither reduces personal professional responsibilities or transfers any part of those ethical or legal responsibilities to that organization or other party.

ARTICLE 3: CHOICE OF DENTIST

The dentist must not participate in any plan, scheme or arrangement which might limit or interfere with a person's freedom or ability to choose a dentist.

ARTICLE 4: THIRD PARTY FEES

A dentist must not increase fees to a patient because that patient has a dental plan or third party coverage, nor shall a dentist decrease fees to a patient because that patient does not have a dental plan or third party coverage. Dentists must ensure that any claims for services to third party insurers accurately reflect the services rendered.

ARTICLE 5: FEES AND COMPENSATION FOR SERVICE

While a dentist is entitled to reasonable compensation for services performed, a dentist may not enter into an arrangement with another dentist, or person, whereby one receives part of the fee paid to the other, or by way of commission or discount, for the referral of patients.

ARTICLE 6: COMMUNITY ACTIVITIES

Dentists by virtue of their education and role in society, are encouraged to actively participate in community affairs, particularly when these activities promote the health and well-being of their patients and the public.

ARTICLE 7: MARKET ADVOCACY

Dentists must not lend their name or provide written testimonial for reward or not, to any product or material offered to the public.

RESPONSIBILITIES TO THE PROFESSION

ARTICLE 1: SUPPORT OF THE PROFESSION

Society provides the profession the privilege of self-regulation, which is achieved largely through the influence of professional associations. Therefore, dentists have an obligation to participate in the advancement of the profession, support of its professional organizations and to observe applicable Codes of Ethics.

ARTICLE 2: INAPPROPRIATE CONDUCT

A dentist has an obligation to report to the appropriate review body, unprofessional conduct or failure to provide treatment in accordance with currently accepted professional standards.

ARTICLE 3: ADVERTISING

Dentists should build their reputation on their professional ability and integrity. Dentists should participate in health promotion programs that are in the best interest of the public and supported by the profession. Dentists shall conduct any promotional activity in accordance with applicable legislation.

ARTICLE 4: PROFESSIONAL EQUALITY

The profession should be viewed as a partnership of equals. Although interests and expertise may vary all dentists are colleagues that have equal moral status in the decision making process of the activities of the profession.

ARTICLE 5: PATENTS AND COPYRIGHTS

Dentists have the obligations of making the results of their investigative efforts available to all when they are useful in safeguarding or promoting the health and well-being of the public.

Patents and copyrights may be secured by a dentist provided that they and the remuneration derived from them are not used to restrict research, practice, or the benefits of the patented or copyrighted material.

Draft 1990-04-20

RESPONSIBILITIES TO COLLEAGUES

ARTICLE 1: CONSULTATION AND REFERRAL

When a patient is referred to another dentist for consultation and/or treatment, the dentist, upon completion of care shall return the patient to the referring dentist.

ARTICLE 2: JUDGEMENTS IN PEER RELATIONS

In relationship with their colleagues, dentists must conduct themselves in a professional and courteous manner. Dentists are encouraged to consult with a previous dentist concerning treatment rendered. Dentist should not make disparaging comments of the procedures or qualifications of a colleagues to a patient or the public.

Draft 1990-04-20



Dalhousie University

APPENDIX IV

Faculty of Dentistry
Halifax, Nova Scotia
Canada B3H 3J5

March 19, 1990

Dr. Jim Brookfield
Chairman, C.D.A. Committee of Ethics
Box 575
58 Government Road W.
Kirkland Lake, ON
P2N 2E4

Dear Jim:

I am writing to bother you yet again about a matter related to Ethics in Canadian Dentistry. I have enclosed an advertisement from the C.D.A. Journal about a pre-convention program to be given by Dr. Dick Barnes at the Ottawa Convention 1990.

I think that even a cursory perusal of this advertisement will give you the very strong sense that this man will be presenting a program which is focused on the commercial model of our dental profession, and I suspect to the detriment of the ethical principles which your committee is attempting to promote for Canadian Dentistry. I would think that it might be appropriate for your committee to lodge a protest with Dr. Michele Jahjah, who is the Convention's Scientific Session director. If we want to find out more about this man, we can probably send for his "inspirational tapes," which he sells to dentists and advertises in a number of American dental journals.

I feel strongly that this type of individual on the C.D.A. program gives exactly the wrong message to the Canadian profession from an ethical viewpoint. I would be interested to know your feelings about this.

Kindest regards,

Bruce S. Graham, D.D.S., M.S., M.Ed., M.R.C.D.(c)
Associate Dean for Academic Affairs

BSG/sb

THE DIFFERENCE IS PROFITS

Dr. Dick Barnes

Nobody teaches you how to increase profits and patient care better than Dr. Dick Barnes. Dick's unique techniques are quickly implemented and predictably effective in increasing production, patient care and profits.

"Dick gives dentists the courage to tell their patients what they really need not merely what the dentist thinks they can afford, and it doubles their practice."

DR. BURT PRESS, PRESIDENT - HEALTH SYSTEMS MANAGEMENT

"The first day back in the office after attending Dick's Copenhagen program I started telling my patients about more comprehensive dentistry that could be done and they bought."

DR. JORGEN BJORNVAD, PRESIDENT - DANISH DENTAL ASSOCIATION

"Of all the management seminars I've attended, Dick's is the most effective and realistic. His techniques result in increased production."

DR. JACK HARRINGTON, NEVADA

"Learning the Dick Barnes' philosophy of practice and case presentation techniques was the turning point of my practice. With a 300 percent increase in my production, I can now have the extras in life. I tell everyone, you've got to go hear this guy."

DR. DAVID BOCK, CONNECTICUT

"I've worked with five different consultants and attended dozens of programs -- this is the first one that worked! I doubled my production in less than six weeks."

DR. THOMAS OPPENHEIM, GEORGIA

REVISED CASSETTE TAPE SERIES

For years doctors have been reviewing what they learned at the Dick Barnes Success Seminar on convenient audio cassette. This revised cassette tape series is an excellent way to hear just a few of the winning techniques covered during the in-depth Dick Barnes Seminar.

Make the choice to maximize your profits by registering today. Find a convenient date and location and see the success you deserve by either calling 1-800-854-5275 or sending in the registration form below.

SEMINAR DATES AND LOCATIONS:

December 1-2	Boston, Massachusetts
February 23-24	Cincinnati, Ohio
March 16-17	Sydney, Australia
March 30-31	Orlando, Florida
April 20-21	Dallas, Texas

REGISTRATION FORM

Dr. _____
 Address _____
 City/State/Zip _____
 Doctors Attending @\$750 (incl. 3 staff) _____ Success Seminar Cassette Tapes @ \$155 _____
 Location _____ Date _____ Total Fee _____
 Check/Visa/MasterCard # _____ Exp. Date _____
 Signature _____
 Please send me a FREE sample cassette tape, excerpts of a Dick Barnes Success Seminar.



**Arrowhead
Management
International**

160 W. Canyon Crest Drive
 Alpine, UT 84004
 (801) 756-6085

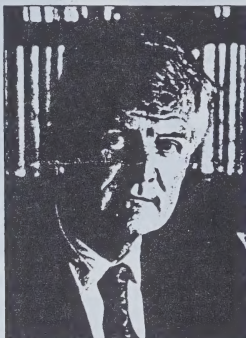
533

For more facts, circle 369 c duct Information Card.

Ottawa 1990

1990 Pre-Convention Program Highlights

"Building a More Successful Practice"



featuring

Dr. Dick Barnes

Alpine, Utah

Dr. Dick Barnes' down-to-earth approach to marketing dentistry and his common sense motivational techniques are reputed to provide consistent increases in income and patient flow.

The Dick Barnes techniques give dentists a chance to form new perspectives on their practice. By concentrating on simple yet proven ways to motivate patients and staff, Dr. Barnes offers easily implemented changes that will increase production and actually decrease stress and hours at work. Some of the topics that will be emphasized during the program are:

- Lowering stress and increasing satisfaction with dentistry as a profession.
- Staying in control of your practice by recognizing and supporting the responsibilities of your staff.
- Controlling your appointment book for maximum production. How to not be just busy, but busy and profitable.
- How to comfortably convince your patients to have the dentistry they need.
- Understanding patient behaviour, or what to say to "I'll think it over" patients.
- The pros and cons of dental advertising.

- Increase new patient flow despite increased competition.
- The art of case presentation - a step-by-step procedure for achieving acceptance of treatment each and every time.
- Financial arrangements you and your patient can live with.
- How to establish appropriate fees - and get them.
- How to double production with existing patients.

Dr. Barnes was born in Taft, California. He is a graduate of the Marquette Dental School in Milwaukee, Wisconsin and did undergraduate studies at Brigham Young University in Provo, Utah. He was a member of the Alberta Dental Association and the California Dental Association. In addition, Dr. Barnes is a founding member of the American Academy of Cosmetic Dentistry and was a dental educator at the University of Southern California for three years.

Dr. Barnes frequently writes for *Dental Economics* and *Dentistry Today*, two American dental publications. He has lectured at numerous dental meetings including, the 1986 American Dental Association's Annual Scientific Sessions, the 1989 American Academy of General Dentistry, 1989 Big Apple Dental Meeting, the 1989 Chicago Mid-Winter Dental Meeting. In addition, he is scheduled to speak at the 1990 FDI 78th World Congress being held in Singapore in September 1990.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

April 27, 1990

Dr. Bruce Graham
Associate Dean for Academic Affairs
Faculty of Dentistry
Dalhousie University
Halifax, Nova Scotia
B3H 3J5

Dear Bruce:

Thank you for your letter of March 19, 1990 expressing concern with the inclusion of Dr. Dick Barnes on the pre-convention program of the CDA's 1990 Convention. It has been received and reviewed by the Ethics Committee.

While the Committee recognizes your concerns, impressions cannot be considered proof, nor are they just cause for criticism.

The Committee has noted that there are several positive messages in the promotional material produced in relation to Dr. Barnes' inclusion in the CDA Convention Program. Certainly one cannot take issue with topics such as:

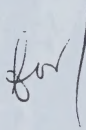
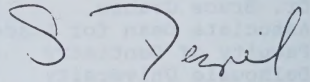
- Lowering stress and increasing satisfaction with dentistry as a profession
- Staying in control of your practice by recognizing and supporting the responsibilities of your staff

It may well be that there is considerable marketing hype in the promotional material, and that the presentation itself may have a valuable message.

.../2

The Committee believes that it will be necessary for one of its members to attend Dr. Barnes' lecture before it can comment on the content. You may also wish to consider attending the lecture yourself, in order that you be able to make informed comment on the content. In the meantime, I will be discussing the concerns that have been raised with Dr. Jahjah, Chairman of the CDA Convention Committee.

Sincerely yours,



James R. Brookfield, D.D.S.
Chairman, Ethics Committee

c.c.: Mr. Jardine Neilson, Executive Director
Dr. Michel Jahjah, Chairman, Convention Committee
Miss Linda Teteruck, Director of Communications
Committee on Ethics

/msg

GOVERNMENT RELATIONS COMMITTEE

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Les Allen, Chairman, Winnipeg
Dr. Elizabeth MacSween, Ottawa

Coordinator: Mrs. Sandra Deziel, Manager, Executive Services

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Committee Meetings and Activities

The committee has not met since its report to the 1990 Interim Meeting.

The Chairman participated in a Regional Dental Officers meeting held in Toronto on February 21, 1990. The meeting, chaired by Dr. William Bedford, Senior Consultant Dentistry, Medical Services Branch was convened to discuss the handling of exceptions to the Schedule of Dental Services to ensure consistency.

In addition to the regional dental officers, the following were in attendance: Ms Ramon Damour, Non-Insured Health Benefits Sector; Mr. Rocco Conti, Blue Cross, and two associates; and Mr. Tom Williams, Ontario Dental Association.

2. Meeting - Minister of National Health & Welfare

On Wednesday, March 28, 1990, CDA Management Committee met with the Honourable Perrin Beatty, Minister of National Health & Welfare. The Minister was presented with a Keep Smiling sweatshirt and information on CDA's Five Point Prevention Plan. The meeting, which was informal in nature, lasted well over an hour and was most successful.

The Minister expressed his pleasure with the dental profession's commitment to improve oral health care by the year 2000 and indicated the profession's past and continued activities in this regard are something to be admired.

Informal meetings between CDA Management and Ministers of National Health & Welfare are a tradition. Mr. Beatty indicated the dental profession is a delight to deal with and is respected for its forthright relationship with government.

3. Government Relations Dinner

On March 29, 1990, Margaret Catley-Carlson, Deputy Minister, Department of National Health & Welfare addressed attendees at the Government Relations Dinner.

The Deputy Minister provided an extremely informative and witty talk on how the system of government operates, and the roles and responsibilities of a Deputy Minister within that system.

4. Exceptions to the Schedule of Dental Services

As indicated earlier, the Chairman attended a meeting on the above topic held in Toronto on February 21, 1990.

The discussion covered three areas of dental treatment which were to require prior approval under the schedule of dental services: Orthodontic Treatment, Fixed Prosthodontics and Transitional Partial or Transitional Upper Dentures.

Generally speaking, the meeting went very well. Differences of opinion between regional dental officers were discussed and it appears that there can be some consistency under the MSB Program. The program began on March 1; the CDA awaits any further developments in terms of problems which may arise.

5. Health & Welfare Steering Committee-Oral Health Promotion

In January, 1990 a national workshop was convened to review a draft discussion paper developed by the Steering Committee and formulate specific recommendations. Dr. Elizabeth MacSween represented the CDA. Participants included a number of diverse health related associations and consumer groups.

The draft discussion paper, entitled "Oral Health in Canada: Facing the Future" was supported in principle with some enthusiasm by participants in the workshop.

From the CDA's point of view, the real value of acceptance of this document by Health & Welfare, will be the positioning of oral health care promotion within the federal government.

6. Tobacco Products and Health

Regulations to provide smoke-free environments on all Canadian air carriers was to be implemented at the end of 1989. Although still committed to this policy, the Federal Government delayed implementation until July 1, 1990.

APPENDIX I

In the face of a strong lobby by the tobacco industry and the airlines, as a member of the Canadian Council on Smoking and Health and the National Campaign for Action on Tobacco, the CDA endorsed the appended position paper to government.

Respectfully submitted,

Les Allen, B.Comm., D.M.D
Chairman, Government Relations
Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Government Relations Committee.

**A POSITION PAPER IN FAVOUR OF THE GOVERNMENT'S COMMITMENT
TO END SMOKING ON ALL CANADIAN AIR CARRIERS BY JULY 1, 1990**

The case for consistency in applying the Non-smokers' Health Act to the workplace in airline cabins and for consistency in protecting airline passengers as part of the government's comprehensive health policy on tobacco.

**A submission to the
Minister of Transport
The Honourable Douglas Lewis**

Prepared by:

**Physicians for a Smoke-Free Canada
Non-Smokers' Rights Association
Heart and Stroke Foundation of Canada
Canadian Society of Respiratory Therapists
Canadian Public Health Association
Canadian Pharmaceutical Association
Canadian Nurses Association
Canadian Medical Association
Canadian Lung Association
Canadian Home and School Parent-Teacher Federation
Canadian Dental Association
Canadian Council on Smoking and Health
Canadian Chiropractic Association
Canadian Cancer Society**

May 1990

OVERVIEW

The Government of Canada has been lauded worldwide for the continuing implementation of a successful comprehensive program to reduce the impact of tobacco on health and to reduce the economic losses which tobacco products accrue to our nation. The decision to end exposure to tobacco smoke on Canadian air carriers is an integral and highly visible component of this program. Any decision to further delay the smoke-free status of Canadian air carriers would be a dramatic reversal of government policy and a significant loss for national and international public health objectives.

CANADA'S COMPREHENSIVE PLAN

Canada has of late become a world leader in the development of effective tobacco control strategies. Canada's comprehensive tobacco control plan has included a phasing out of tobacco advertising, much improved health messages on cigarette packages, significantly increased tobacco taxes and protection from second-hand smoke in federally-regulated workplaces. Many other countries, impressed by our accelerating decline of tobacco use and exposure to tobacco smoke, are actively developing policies based on the Canadian model. Because of the spotlight on Canada, any regression from stated policy will have an adverse impact on public health worldwide.

THE NON-SMOKERS' HEALTH ACT

The Non-smokers' Health Act (NsHA) was originally introduced in the House of Commons in October 1986. It received Royal Assent, after a lengthy consultation process, on June 28, 1988. An Act to amend the NsHA (Bill C-27) received First Reading on June 16, 1989, received Royal Assent June 29, 1989 and came into effect on December 29, 1989. The Act states, in section 3, that every employer shall ensure that persons refrain from smoking in any workplace under the control of the employer. The Act allows, to the extent permitted by regulations, for the designation of smoking areas provided these are areas not normally occupied by non-smokers. The interior of an airline cabin is a confined environment normally occupied by non-smokers.

THE NSHA REGULATIONS ON AIRCRAFT

It is the position of the government that the health of flight attendants is as deserving of protection as the health of other federally-regulated employees. As stated in the Regulatory Impact Analysis Statement, "There is sufficient evidence indicating that prolonged exposure to environmental tobacco smoke leads to a variety of health problems for non-smokers" and that such health problems include lung cancer. In addressing this issue, it was decided that the only responsible course of action was to provide smoke-free environments on Canadian air carriers.

This decision was about to be implemented at the end of 1989. However, at the last minute, the government amended the regulations in order to accommodate the airlines' request for time to notify their customers and to market the clean-air policy internationally. The amendments provided the airlines with a six-month extension to July 1, 1990, to plan for the implementation of the policy. In subsequent correspondence, the Minister of Transport, the Honourable Doug Lewis, has assured Canadians that the ban on smoking will commence on July 1, 1990.

THE REACTION OF AIRLINES

Despite assurances that the smoke-free policy extension would enable the companies to implement and effectively market the smoke-free service, the airlines seem to have spent the first four and a half months of this year trying to obtain further implementation delays. While there is evidence that the airlines have developed some smoke-free marketing plans (in fact, we have been informed, some very good marketing plans, most notably for Europe), these plans have not been implemented because of the airlines' hope of undermining the government's July 1st commitment.

So far there has been no visible marketing of smoke-free flights and the marketing efforts which were about to get under way in Europe have been "put on hold" in anticipation of government backtracking.

ECONOMICS

The airlines have previously painted a negative image of the economic impact related to the government's health policy. Given the absence of well-developed marketing strategies to sell the smoke-free policy to international travellers in Canada and abroad, the airlines' economic concerns may be unfounded. In any event, asking for exemptions from government legislation that protects the health of all federally regulated employees while failing to submit any marketing studies for critical public scrutiny seems insufficient to override the government's commitment to provide safe and healthy aircraft environments.

It is our position that the airlines' failure to date to effectively market the smoke-free policy, including making use of marketing assistance offers from national and international health, medical and consumer groups, indicates that any losses would be largely self-inflicted.

LET THE POLICY GO AHEAD

It is our view that the commitment of the government to lead the world in the establishment of smoke-free flights should proceed as planned. This will fulfil the government's promises, show consistency in the implementation of the *Non-Smokers' Health Act* and provide the necessary protection for flight crews and the public.

A consistent health message from the government will support its other social policy initiatives and let the airlines know that they can now put all of their energy into marketing smoke-free flights. In the past, the airlines have shown unfounded pessimism regarding all efforts to extend the limits of smoke-free flights. We feel that this will once again be the case. In any event, we are better off with a policy that is consistent with the government's commitment (even if it were to require minor modifications in the future) than with a policy that abandons or regresses from that commendable commitment.

PUBLIC SUPPORT

This government's leadership on the tobacco issue has consistently generated considerable editorial praise and broad support from the public. And this public support exceeds that obtained from many other government initiatives. A decision which seems out of accord with the general thrust of government health policy will undermine the national and international leadership which the Canadian government has shown.

INFORMATION SERVICES COMMITTEE

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Paul O'Brien, Chairman, St. John's
Dr. William Hettenhausen, Thunder Bay
Dr. Sam Sgro, St. Lambert
Dr. Amanda Maplethorp, Maple Ridge
Dr. G.M. Ritson-Bennett, Innisfail

Executive

Liaison: Dr. Ron Smith, Duncan

Coordinator: Miss Linda Teteruck

1. Committee Meetings

The Information Services Committee held its last meeting on Monday April 2, 1990. Mr. Mark Sarnier and Ms. Cathy Beaumont of Manifest Communications were guests at this meeting.

ITEMS REQUIRING BOARD ACTION

2. Use of CDA artwork

Members of the Committee reviewed the Executive Council comment relating to the use of CDA artwork without CDA's permission as discussed at the March 1990 CDA Board meeting. They were particularly concerned about the statement that "CDA will allow reproduction of Bob when the product is not in direct competition with CDA materials." The Committee felt that it was important that CDA retain control of and be recognized on its materials.

RESOLVED:

90.60 THAT the policy statement regarding the use of CDA materials be re-worded as follows to clarify CDA's position regarding its copyright on artwork and PMT's: "The artwork of the CDA is the exclusive property of the CDA. The CDA will not allow reproduction of its materials without its expressed written permission."

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**3. Committee Restructuring**

Dr. Ron Smith, Executive Liaison to the Committee explained to members the proposed restructuring of the Communications Department and the mandate of the Communications Steering Committee to co-ordinate and oversee all communications and communications-related activities including information services, publications and membership.

Committee members felt that this was a progressive step for the Canadian Dental Association, reflective of the priorities of the Association for Dental Awareness Programming and the various activities previously undertaken by the Information Services Committee. Committee members extend to the Steering Committee its encouragement and best wishes for future success.

In keeping with this, the Committee prepared the following recommendations for the Steering Committee:

- 1) That the planning time frame for Dental Health Month be moved forward in order to better co-ordinate activities with the provinces. In order to assist the Communications Steering Committee with responsibility, the Committee on Information Services will be holding a conference call on June 13th to discuss programming activities in 1991 and to develop further recommendations for the Steering Committee.
- 2) That the Live Bob Program be expanded and integrated with programming activities at the provincial level.
- 3) That CDA Staff provide the Communications Steering Committee with a snapshot of ongoing and existing DAP and DHM activities prior to the end of August.

4. Dental Health Month**a) Poster Contest**

The Committee discussed the annual poster contest and agreed to keep the "Celebration of the Smile" theme but to change the word contest to celebration. The Committee also reviewed a proposal from the Academy of General Dentistry which is looking to CDA for an endorsement of a joint CDA/ADA/AGD poster contest.

The practicality of this project was questioned and also the profile accrued to Canadian activities within a North American contest. The Committee therefore felt it would be wise to continue with CDA's own poster project but co-ordinate programming efforts with the American Dental Association. It was suggested that the winners of the CDA Poster Celebration be displayed at the CDA Annual Convention, and that a letter be written to the American Dental Association regarding the possibility of displaying the winners from both our National Poster efforts at each others conventions.

b) Co-ordination with CDHA

Staff met with Carol Worobey of the Canadian Dental Hygienists Association to discuss possible CDHA involvement in Dental Health Month.

The overall response to a co-ordinated DHM effort was very positive. CDA awaits a formal response from CDHA on what they feel their role should be within a co-ordinated program. Ms. Worobey asked if CDA would include CDHA and CDAA in their yearly provincial meetings. It was therefore recommended that the Communications Steering Committee invite representatives from both the Canadian Dental Hygienists and Assistant's Associations to the meetings of the Provincial Communication Co-ordinators.

c) Healthy Smiles Photo Contest

The Committee discussed the Thunder Bay Healthy Smiles Photo Contest. They agreed that the program was worthwhile and asked the Communications Steering Committee to consider the possibility of holding a national healthy smiles photo contest.

d) Live Bob

The "Live Bob" program is active in 4 provinces; B.C., Ontario, Québec and Nova Scotia. This year Dental Health Month was launched with a photo session with Perrin Beatty, minister of National Health and Welfare, CDA President Dr. Kevin Roach and "Bob". Press releases were sent out to the media. The success of the "Live Bob" program will be monitored and reported to the Steering Committee at its next meeting.

e) **Marketing Efforts**

The DHM order form with funding support from CFDE was developed earlier this year and appeared in the December and March Communiqués and several issues of the CDA Journal. The order form was also mailed to all CLSC's and Ontario Health Units.

f) **Pricing**

A bulk ordering system was introduced this year for the provinces. The larger the group order the better the price break. All savings were passed on to the provinces. Due to the largesse of the Saskatchewan order, all corporate members realized a price break when purchasing CDA materials.

g) **Merchandising**

In keeping with a directive from the Executive Council, revenue and expense budgets for pamphlets and Dental Health Month materials have been amalgamated into a global category entitled merchandising. CDA's mandate is to break even in this program area. Merchandising expenses include not only the costs for printing materials but also the creative development, promotional and marketing costs relating to this program activity.

5. **DENTAL AWARENESS PROGRAM**

a) **First Teeth**

The free distribution of First Teeth materials (brochures, growth chart and toothpaste sample) to dentists, hygienists and assistants was completed in April. The 1990 Letter of Agreement between Colgate-Palmolive and CDA for continuation of this project is in hand, pending signature by Colgate.

This letter discusses a series of advertisements promoting the First Teeth program in dental journals. The ad will be placed in the CDA Journal and this cost saving will allow CDA to place ads elsewhere and gain a wider audience.

b) Patient Information System

A new Patient Information System will be sponsored by Colgate-Palmolive for a term of 3 years. The program will be launched at the CDA Convention and the materials will be available for sale in the fall. All of CDA's current pamphlets will be replaced by the new system that will then expand with a poster series, fact sheets and wall racks. It is anticipated that a new catalogue of materials will be developed in the fall to market the Patient Information System. This program is being designed as a complete patient education system for dental offices. The Committee was pleased with the implementation of the Patient Information System and Colgate's sponsorship of it.

c) Patient Communication Seminar Series

Five seminars had been booked in 1990 by the Ontario Dental Association. CDA will promote the seminars to other provinces. Interest has been expressed by B.C. and Saskatchewan. This program has the potential to become a source of revenue for CDA and is also a vehicle to promote CDA materials.

d) Consumer's Guide to Dental Care

Revisions to this guide are now underway. It will be marketed to insurance carriers for promotion to the public who have insurance plans.

e) Corporate Sponsor Relations

CDA has approved a television PSA in conjunction with Colgate-Palmolive and is currently looking at a print ad. These ads carry a dental health message and feature no product endorsement. Discussions are currently underway to do a series of ads carrying different dental health messages that will air on television during prime time as paid public service announcements.

6. An Overview of Provincial Activity

In February 1990 provincial communications co-ordinators met to discuss issues of common interest and develop ways to co-ordinate programming initiatives between CDA and the provinces.

Only five provinces were represented: B.C., Manitoba, Ontario, Québec and Nova Scotia. The attendees felt that an annual meeting would be useful and worthwhile. Co-ordinators recommended that CDA look into holding a regular meeting each fall to plan for the following years activities. The Information Services Committee endorses this recommendation and refers it to the Communications Steering Committee.

7. Medigram Poster Series

The Committee reviewed a program produced by Medigram which consists of a Medical News Bulletin posted in dental offices. CDA has been asked to provide an educational message on the poster on a regular basis. Although the Committee liked the idea of a magazine on a wall they suggested a cautious approach since the entire contents of the poster must meet CDA's standards.

They agreed however that it should be investigated further and: That staff look into the possibility of working with Medigram Publications to develop a News Bulletin for use across the country.

8. Corporate Leverage to Date

Corporate Leverage to date totals \$4,613,000 which includes funds, goods and services provided by Corporations from the DAP programs inception in 1984. Over \$600,000 in corporate support is expected in 1990. New projects in 1990 include the:

- First Teeth magazine ads
- Patient Information System
- Recall Kit/Seminar
- Consumer's Guide
- Patient Communication Seminars

A fall magazine supplement is under discussion with corporate sponsors at the moment. These dollars have not been factored into the corporate support estimated for 1990.

9. Conclusion

On behalf of the members of the Committee on Information Services, I would like to congratulate CDA on placing high priority on Dental Awareness Programming and restructuring all of CDA's Communications Activities to ensure that they receive utmost attention and direction from the CDA Executive Council and Board of Governors.

I feel that it is a credit to this Committee and its members that Information Services has taken on the priority it has within CDA and I would like to express my gratitude to all members of the Committee for their hard work and support.

I would also like to thank CDA staff and Manifest Communications for their invaluable assistance in carrying out our mandate.

Respectfully submitted,

Paul O'Brien, D.D.S., Chairman
Information Services Committee

FILING OF REPORT

The Board of Governors extends its appreciation of the Committee's efforts over the past few years, especially with the Dental Awareness Program.

The Board of Governors receives with appreciation the report of the Information Services Committee.

MANAGEMENT COMMITTEE

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Gilles Dubé, Lachute - Chairman
Dr. Kevin L. Roach, Pembroke
Dr. Les Allen, Winnipeg
Dr. Jack W. Niedermayer, Regina
Mr. Jardine Neilson, Executive Director

Coordinator: Mrs. Sandra Deziel

1. Meetings

Since the 1990 Interim Meeting of the CDA Board of Governors, the Management Committee has met twice - March 29, and June 6, 1990.

ITEMS REQUIRING BOARD ACTION

2. Audited Financial Statements - Canadian Dental Association

The audited financial statements for the CDA were reviewed by the Management Committee. The audited statements are appended and explanatory notes are included for information.

APPENDIX I

RESOLVED:

90.61 THAT the audited statements for the Canadian Dental Association for the year ending December 31, 1989, be approved.

ADOPTED

3. Audited Financial Statements - Canadian Dental Research Foundation

Management Committee reviewed the audited financial statements for the Canadian Dental Research Foundation.

APPENDIX II

RESOLVED:

90.62 THAT the audited financial statements for the Canadian Dental Research Foundation for the year ending December 31, 1989 be approved.

ADOPTED

4. Commission on Accreditation

Management Committee reviewed a report prepared by Mr. Brian Henderson, Director of Accreditation and Professional Services on the concept of a Commission on Accreditation. Having reviewed the advantages and disadvantages as outlined by Mr. Henderson, Management Committee believes that a change in name from Council on Accreditation to Commission on Accreditation would be beneficial at this time.

APPENDIX III**RESOLVED:**

90.63 THAT the name of the Council on Accreditation be changed to encompass the wording CDA and Commission on Accreditation.

ADOPTED

Management Committee will seek comment from the Council on Accreditation before a decision is made on the actual title of the Commission.

5. Structure - CDA Management Committee

At the 1988 Interim Meeting, Governors approved a change to the structure of the Management Committee as outlined in the appended document. Under this revised structure, the first Vice-President for the CDA was elected at the 1989 Interim Meeting. The position of Past-President was to be abolished effective the 1991 Interim Meeting.

Since the revision to the Management Committee structure, the value of the expertise and experience of the immediate Past-President of the CDA has been demonstrated on numerous occasions. Management Committee believes that the Past-President is a valuable resource, particularly during the annual Planning Session and the first meeting of the Executive Council held each year.

APPENDIX IV**RESOLVED:**

90.64 THAT the Past-President position be maintained until the Interim Meeting of the Board of Governors; and,

THAT the Council on Constitution and By-Laws be directed to prepare any necessary by-law amendments.

ADOPTED

The Past-President would not be paid an honorarium, but would receive per diems at the Management Committee level.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

6. 1991 Budget Review

At the 1990 Interim Meeting, Governors approved a preliminary budget for CDA for 1991. At that time, the intention to hold a budget planning session to review the 1991 preliminary budget against priorities established at the 1989 Planning Session was identified. The review was completed at the June meeting of Executive Council and an adjusted budget for 1991 is appended for information.

APPENDIX V

The revenue and expense statement for 1991 shows a projected surplus of revenue over expenditures of five thousand, five hundred and thirty-three dollars (\$5,533).

7. Support for DAT

Management Committee approved a request from the DAT Committee for additional funding to finance a one and a half day DAT Admissions Workshop tentatively scheduled to be held in Toronto on November 1-2, 1990. Partial funding had already been obtained from the CFDE. Additional funds from the CDA to a maximum of \$8,232 were approved based on information provided by the Committee which indicated that these funds could be supported by DAT test fees in 1990.

The DAT program area should target cost-recovery operation. At the present time, revenues from the program do not cover total expenses inclusive of staff costs and overhead. The Executive Council approved a recommendation from Management to increase the DAT fee up to \$100.00. This issue will be discussed with the DAT Committee to establish an appropriate fee for 1990-91.

8. EDI Expenditures

Direct costs associated with the EDI Program revised to include invoices received up to the end of April 1990, were reviewed by Management Committee.

9. 1991 Per Diem and Honoraria Rates

The appended rates for the 1991 honoraria and per diems have been approved (an approximate increase of 4% over the 1990 rate). This action follows the current direction that rates for honoraria and per diems reflect CPI, but not exceed 4% over the previous year's rate.

APPENDIX VI

10. Annual Grant to CFDE

The CDA's annual grant to CFDE will be maintained at \$20,000 for 1991.

11. Library Services - CDF

In 1988, the cost of operating the Sydney Wood Bradley Memorial Library was recovered through a grant from the Canadian Dental Foundation in keeping with the Foundation's mandate. It is expected that the cost associated with the operation of the Library will increase in 1990 due largely to the expanded premises.

The CDF has received legal opinion on the terms of the Langstaff bequest. As a result, the Board of Trustees of CDF will examine a draft agreement between CDA and CDF that will more clearly delineate its relationship with CDA as it relates to the operation of the Library.

12. Future Direction - CDA Products Recognition

Management Committee discussed the CDA Seal of Recognition Program, as it relates to revenue generated and the cost of operating the program. The report of the Committee on Consumer Products Recognition was reviewed in concert with this discussion. Proposals being put forth for possible new types of endorsement were noted.

The CDA Seal of Recognition Program will be examined at the Fall Planning Session.

13. Support for Accreditation

The Council of the Royal College of Dental Surgeons of Ontario had approved an increase in the College's 1990 grant to CDA for accreditation from \$10.00 to \$20.00 per member. Following this approval, the CDA was informed that the RCDS would be withholding part of the approved grant and would remit 50% of that amount at the end of March 1990. The Council has now approved the remaining 50% of the grant.

Discussions continue with the NDEB and the ODQ on this matter.

14. CDA Renovations

Renovations to the CDA building have been delayed due to strikes by various unions. Completion of the renovation is targeted for the 1990 Annual Meeting.

Additional costs have been incurred in relation to repairs to the roof of the CDA building. Management had approved an amount of \$75,000 for repair of one half of the building roof. The repairs were held pending the start of general renovations; this delay generated additional cost. Due to deterioration to the other half of the roof, total repair was approved by Management. The revised cost of repair of the entire roof is \$164,500.

15. Communications Steering Committee - Composition and Membership

The composition and membership of the Communications Steering Committee was discussed by Management Committee. It was decided that activities in this area would continue under a working group structure until the terms of reference and terms of membership are developed.

16. 1990 Planning Session

The focus of the 1990 Planning Session to be held at l'Estérel, Québec, will be creative strategic planning. Activity plans for the various programs of CDA will be reviewed and prioritized.

Confirmed priorities will be utilized by staff to prepare the 1992 budget for review at the February Pre-Board Meeting of Executive Council. A preliminary budget for 1992 will be presented at the 1991 Interim Meeting of the CDA Board of Governors.

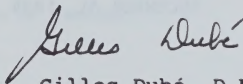
17. Building Contingency Reserve Fund

Accumulated funds and funds set aside in 1989 for the Building Contingency Reserve Fund will be used towards the CDA renovation project. As this will deplete the funds in the account, Management Committee agreed that the account be closed.

18. Cheque Registers

The Executive Director of the Association reviews monthly cheque registers detailing disbursements of the CDA. The Chairman of the Management Committee conducts audits of cheques on a random basis from time to time. Cheque registers to March 31, 1990 have been approved by the Management Committee.

Respectfully submitted,



Gilles Dubé, D.M.D., M.Sc. Adm.Santé
Chairman, Management Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Management Committee.

CANADIAN DENTAL ASSOCIATION

FINANCIAL STATEMENTS

DECEMBER 31, 1989

CANADIAN DENTAL ASSOCIATION
INDEX TO FINANCIAL STATEMENTS

DECEMBER 31, 1989

Page

1	Auditors' Report
2	Balance Sheet
3	Statement of Equity
4	Statement of Revenue and Expenses
5	Library Trust Fund Statement of Revenue and Expenses and Equity
6	The Grieve Memorial Lectureship Fund Statement of Revenue and Expenses and Equity
7 & 8	Notes to Financial Statements
9	Schedule of Revenue Fees Other
10	Schedule of Expenses Executive Services Professional Services
11	Schedule of Expenses Member Services Administration
12	Schedule of Membership Revenue by Province

The Canadian Dental Research Foundation

13	Auditors' Report
14	Balance Sheet
15	Statement of Revenue and Expense
16	Notes to Financial Statements

McCAY, DUFF & COMPANY

Page 1

CHARTERED ACCOUNTANTS

JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSOUR, B.A.D.M.I., C.A.
BLAIR E. DAVIDSON, B.COMM., C.A.
G. WARREN TRICKEY, B.COMM., C.A.
ROBERT D. SHANTZ, B.MATH., C.A.

CONSULTANT - ELDREN E. McCONNELL, C.A.

330 McLEOD ST.
OTTAWA, ONT.
K2P 2C5
(613) 236-2367
1 (800) 267-6551
FAX: 236-5041

AUDITORS' REPORT

To the Members,
Canadian Dental Association.

We have examined the balance sheet of the Canadian Dental Association as at December 31, 1989 and the statements of equity, revenue and expenses and revenue, expenses and equity for the Library Trust Fund and the Grieve Memorial Lectureship Fund for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Association as at December 31, 1989 and the results of its operations for the year then ended in accordance with generally accepted accounting principles, applied on a basis consistent with that of the preceding year.

McCay, Duff & Co.

Chartered Accountants.

Ottawa, Ontario,
February 28, 1990.

SUPPLEMENTARY NOTES TO THE 1989 AUDITED FINANCIAL STATEMENTS

These notes were prepared by staff and explain financial activity which may not be evident from the figures alone.

This year the statements are being presented to the Annual Meeting of the Board of Governors. This change, from bringing the statements to the Board of Governors at their Interim Meeting, was designed to provide the staff more time to prepare the statements and to allow the Management Committee and Executive Council an opportunity to review the statements prior to their presentation to the Governors.

BALANCE SHEET (page 2)

ASSETS

Current Assets

Cash

Cash holdings were slightly lower than last year. Cash on hand is sufficient to cover approximately one month's expenses.

Investments

Investments at the end of 1989 were up significantly over 1988 as a result of the earlier start of the 1990 membership campaign. The campaign started in October 1989 and drew in membership fees which represented 1990 income. The deferred revenue figure is correspondingly higher.

Accounts Receivable

Receivables, generated from three principal areas: journal advertising, library services and general accounts, were down considerably at the end of 1989. Significant among the receivables were amounts owing from the Canadian Dental Foundation and the Colgate-Palmolive Company. These accounts represent normal business activity and were not overdue.

Inventory

Inventory figures, made up of Dental Awareness Program merchandise were up modestly over the previous year. Stock was added in preparation for the Dental Health Month campaign.

Pre-Paid Expenses

Pre-paid expenses were substantially lower than the previous year. In 1988, year-end adjustments were made to the convention account and to the Dental Health Month accounts when expenses incurred in 1988 were actually related to 1989. Other pre-paid expenses consist primarily of insurance premiums paid in 1989 for coverage through 1990 and for pre-paid maintenance contracts.

Fixed Assets

The decline in book value of fixed assets is a result of depreciation. A detailed breakdown of the fixed assets is included as part of the "formal" notes to financial statements. (see page 7.)

TRUST ASSETS

Cash

The decreased cash position in this area is a result of the depleting resources in the library trust fund. Future expenses in this project area are expected to be funded by the Canadian Dental Foundation.

Pre-Paid Expenses

This amount, practically unchanged from the previous year, represents pre-paid subscriptions ordered by the library.

LIABILITIES

Current Liabilities

Accounts Payable

Accounts payable at year end were down somewhat from the year before. The figure is made up of a number of small amounts none of which were overdue.

Due to the Canadian Dental Foundation

During the year the CDF accounts were set up and funds transferred. The amount showing here represents the deference between a grant given by the CDA to the CDF, representing the balance of the Gallop Estate and monies owed by the CDF to the CDA for services rendered and equipment purchased on behalf of the Foundation.

Deferred Revenue

As noted above under Investments, deferred revenue is up significantly as a result of the earlier start to the 1990 membership campaign.

EQUITY

Surplus

The modest decrease in the Association's equity, or surplus, represents the addition of the year's operating surplus, less an amount transferred to the building contingency reserve fund. (see details on page 3.)

Building Contingency Reserve Fund

It was resolved to build this fund by transferring a minimum of \$20,000 each year out of general equity to this fund. (see page 3.)

Convention Reserve Fund

In 1988, CDA set up a convention reserve fund to help fund future conventions. Additional monies were added to this fund in 1989 as detailed in the statements. (see page 3.)

TRUST EQUITY

Equity in the two trust funds is detailed later in the statements. (see page 3.)

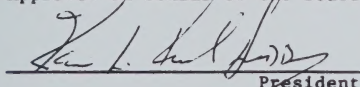
CANADIAN DENTAL ASSOCIATION

BALANCE SHEET

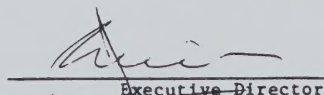
AS AT DECEMBER 31, 1989

	ASSETS	1989	1988
CURRENT			
Cash		\$ 430,273	\$ 490,655
Investments		1,482,065	-
Accounts receivable		208,576	387,606
Inventory		112,520	95,475
Prepaid expenses		44,158	82,651
		<u>2,277,592</u>	<u>1,056,387</u>
FIXED (note 2)		<u>1,157,041</u>	<u>1,219,443</u>
		<u>3,434,633</u>	<u>2,275,830</u>
	TRUST ASSETS		
Cash		16,267	23,618
Accounts receivable		149	182
Prepaid expenses		7,990	7,999
		<u>24,406</u>	<u>31,799</u>
		<u>3,459,039</u>	<u>\$2,307,629</u>
	LIABILITIES		
CURRENT			
Accounts payable		\$ 422,297	\$ 496,104
Due to Canadian Dental Foundation		7,343	-
Deferred revenue		1,034,146	55,582
		<u>1,463,786</u>	<u>551,686</u>
	EQUITY		
Surplus		1,598,555	1,606,319
Building Contingency Reserve Fund		51,568	28,505
Convention Reserve Fund		320,724	89,320
		<u>1,970,847</u>	<u>1,724,144</u>
	TRUST EQUITY		
Library Trust Fund		13,121	24,019
The Grieve Memorial Lectureship Fund		11,285	7,780
		<u>24,406</u>	<u>31,799</u>
		<u>\$3,459,039</u>	<u>\$2,307,629</u>

Approved on behalf of the Board:



President



Executive Director

CANADIAN DENTAL ASSOCIATION

STATEMENT OF EQUITY

FOR THE YEAR ENDED DECEMBER 31, 1989

	<u>1989</u>	<u>1988</u>
SURPLUS		
BALANCE - BEGINNING OF YEAR	\$1,606,319	\$1,564,098
Excess of revenue over expenses for the year	12,236	69,073
Transfer to Building Contingency Reserve Fund	(20,000)	(26,852)
BALANCE - END OF YEAR	<u>\$1,598,555</u>	<u>\$1,606,319</u>
BUILDING CONTINGENCY RESERVE FUND		
BALANCE - BEGINNING OF YEAR	\$ 28,505	\$ -
Transfer from surplus	20,000	26,852
Interest earned	<u>3,063</u>	<u>1,653</u>
BALANCE - END OF YEAR	<u>\$ 51,568</u>	<u>\$ 28,505</u>
CONVENTION RESERVE FUND		
BALANCE - BEGINNING OF YEAR	\$ 89,320	\$ -
Excess of convention revenue over convention expenses for the year	<u>231,404</u>	<u>89,320</u>
BALANCE - END OF YEAR	<u>\$ 320,724</u>	<u>\$ 89,320</u>

STATEMENT OF REVENUE AND EXPENSES (page 4)

This statement summarizes the financial activity of the Association during the year. More detail is provided further on in the financial statements and consequently, the only item to highlight here is the surplus position of CDA in 1989. The surplus of \$12,236 indicates the Association achieved its objective of a "balanced" budget. When comparing actual results to budgeted figures, it should be noted that budgeting was done with the expectation the CDA would receive funding from the CDF. However, this revenue was not included in the budget.

		REVENUE	
		BALANCE - BEGINNING OF YEAR	
		Amount of revenue from operations	
		For the year	
		Transfer to Building Department	
		Transfer from	
		BALANCE - END OF YEAR	
		BUILDING DEPARTMENT REVENUE FROM	
		BALANCE - BEGINNING OF YEAR	
		Transfer from Building	
		Transfer to	
		BALANCE - END OF YEAR	
		CONVENTION REVENUE FROM	
		BALANCE - BEGINNING OF YEAR	
		Amount of convention revenue from	
		Operating expenses for the year	
		BALANCE - END OF YEAR	

CANADIAN DENTAL ASSOCIATION

STATEMENT OF REVENUE AND EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1989

	1989		1988
	Budget	Actual	Actual
REVENUE			
Fees (Page 9)	\$3,040,454	\$3,049,450	\$2,835,495
Other (Page 9)	<u>1,122,891</u>	<u>1,516,640</u>	<u>1,218,240</u>
	4,163,345	4,566,090	4,053,735
EXPENSES			
Executive services (Page 10)	562,083	586,395	473,903
Professional services (Page 10)	412,893	351,038	349,269
Member Services (Page 11)	1,259,978	1,517,999	1,237,483
Administration (Page 11)	<u>2,053,026</u>	<u>2,098,422</u>	<u>1,924,007</u>
	<u>4,287,980</u>	<u>4,553,854</u>	<u>3,984,662</u>
EXCESS OF REVENUE OVER EXPENSES (EXPENSES OVER REVENUE)			
FOR THE YEAR	(\$ <u>124,635</u>)	\$ <u>12,236</u>	\$ <u>69,073</u>

STATEMENT OF REVENUE AND EXPENSES AND EQUITY
LIBRARY TRUST FUND (page 5)

The activity in the library remained relatively constant in 1989. Interest income was down due to the lower capital base. Efforts to attract donations were postponed in light of the set up of the Canadian Dental Foundation.

CANADIAN DENTAL ASSOCIATION

LIBRARY TRUST FUND

STATEMENT OF REVENUE, EXPENSES AND EQUITY

FOR THE YEAR ENDED DECEMBER 31, 1989

	<u>1989</u>	<u>1988</u>
REVENUE		
Interest	\$ 1,397	\$ 1,856
Donations	<u>-</u>	<u>390</u>
	1,397	2,246
EXPENSES		
Books	1,837	1,504
Miscellaneous	380	848
Subscriptions	<u>10,078</u>	<u>10,358</u>
	<u>12,295</u>	<u>12,710</u>
EXCESS OF REVENUE OVER EXPENSES (EXPENSES OVER REVENUE) FOR THE YEAR	(10,898)	(10,464)
Equity - beginning of year	<u>24,019</u>	<u>34,483</u>
EQUITY - END OF YEAR	<u>\$13,121</u>	<u>\$24,019</u>

STATEMENT OF REVENUE AND EXPENSES AND EQUITY
GRIEVE MEMORIAL LECTURESHIP FUND (page 6)

The Grieve Memorial Lectureship Fund is used to sponsor a lecture, offered at the time of the CDA Convention. As was the case in 1988, expenses were absorbed by the convention and only the expenses for an appropriate plaque were charged to the fund.

FOR THE YEAR ENDED DECEMBER 31, 1988		
1988	1987	
REVENUE		
Interest	\$ 1,187	
Donations	-	
	<u>1,187</u>	
EXPENSES		
Books	1,187	
Miscellaneous	282	
Subscriptions	<u>10,078</u>	
	<u>11,467</u>	
EXCESS OF REVENUE OVER EXPENSES (DEFICIT)		
(\$ 10,280)	\$ 10,281	
Carry - beginning of year	\$ 0	
EQUITY - END OF YEAR	<u>\$ 10,281</u>	

CANADIAN DENTAL ASSOCIATION

THE GRIEVE MEMORIAL LECTURESHIP FUND

STATEMENT OF REVENUE, EXPENSES AND EQUITY

FOR THE YEAR ENDED DECEMBER 31, 1989

	<u>1989</u>	<u>1988</u>
REVENUE		
Donation	\$ 2,500	\$ -
Interest	<u>1,076</u>	<u>580</u>
	3,576	580
EXPENSES		
Awards	<u>71</u>	<u>42</u>
EXCESS OF REVENUE OVER EXPENSES		
FOR THE YEAR	3,505	538
Equity - beginning of year	<u>7,780</u>	<u>7,242</u>
EQUITY - END OF YEAR	<u>\$11,285</u>	<u>\$7,780</u>

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1989

1. SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

Revenue and expenses are recorded on the accrual basis, whereby they are reflected in the accounts in the period in which they have been earned and incurred respectively, whether or not such transactions have been finally settled by the receipt or payment of money.

(b) Inventory

Inventory is stated at the lower of cost and net realizable value.

(c) Depreciation

Furniture and equipment purchased subsequent to January 1, 1979 is expensed when acquired. Purchases prior to this date have been fully depreciated. Data processing equipment purchased subsequent to January 1, 1987 is expensed when acquired. Purchases prior to this date have been fully depreciated. Fixed assets purchased in the Fund accounts are expensed when acquired.

Depreciation is provided on the straight line basis as follows:

Building	- 40 years
Building improvements	- 5 years

2. FIXED ASSETS

	1989		1988	
	Cost	Accumulated Depreciation	Net	Net
Land	\$ 82,915	\$ -	\$ 82,915	\$ 82,915
Building	1,543,034	499,916	1,043,118	1,081,693
Building improvements	159,104	140,637	18,467	34,589
Furniture and equipment	75,769	75,768	1	1
Data processing equipment	125,927	125,927	-	7,705
Chain of office	12,540	-	12,540	12,540
	<u>\$1,999,289</u>	<u>\$842,248</u>	<u>\$1,157,041</u>	<u>\$1,219,443</u>

CANADIAN DENTAL ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 1989

3. COMMITMENT

The Association has a \$400,000 operating line of credit authorized by the Toronto Dominion Bank. As at December 31, 1989, there was no outstanding balance with regard to this line of credit. A registered mortgage remains on the land and building to secure the line of credit.

The Association has planned a major renovation of the Headquarters building estimated to cost approximately \$1.3 million. A contract to refurbish the interior has been entered into at a cost of \$883,262. The balance will consist of the cost of replacing the roof, consulting fees, new furniture and other related costs.

4. TRUST ACCOUNT

The Association has been holding funds for the Canadian Dental Foundation until such a time as this Foundation was operational. During 1989, the Association transferred funds totalling \$1,859,280 to the custody of the Canadian Dental Foundation.

5. STATEMENT OF CHANGES IN FINANCIAL POSITION

Under generally accepted accounting principles, a statement of changes in financial position forms a part of the financial statements of an organization. In the case of the Association it would not provide additional useful information and consequently management is of the opinion it need not be included.

6. COMPARATIVE FIGURES

Comparative figures have been reclassified to conform with current presentation.

SCHEDULE OF REVENUE (page 9)

General Note

The schedule of revenue, and the subsequent schedule of expense, provide details not shown in the statement of revenue and expenses on page 4. The totals, however, are the same.

FEES

Active Fees

Revenue from Active fees was up from 1988 primarily as a result of the increase in the membership fee which rose from to \$315 to \$330. There was little growth in the number of members. (For further information on the breakdown of membership fee income, see the schedule on page 12.)

Affiliate Fees

Affiliate fee income was down despite the fee increase, largely as a result of a decrease in the number of Affiliate members in Ontario.

Supporting Fees

Supporting fees were on par with budget, but show a slight decline in number.

Student Fees

Student fee income was up slightly from 1988 actual figures. The increase is, however, more a matter of timing; there was no significant change in the number of members. The student membership fee has been frozen at \$17.00 for 2 years.

Retired Fees

This was the first year that CDA offered a retired member fee category. The fee was set at 25 percent of the active fee.

Corporate Fees

Corporate fees were up modestly from budget and higher than previous year actuals due to increased payments from the provincial dental associations.

Licensing Body Grants

Licensing body grants were up modestly from budget and higher than previous year actuals due to increased payments from the provincial licensing authorities.

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF REVENUE

FOR THE YEAR ENDED DECEMBER 31, 1989

	1989		1988
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
FEES			
Active	\$2,562,840	\$2,557,275	\$2,360,055
Affiliate	183,330	192,910	196,350
Supporting	9,609	10,350	13,615
Student	45,885	33,938	28,481
Retired	-	7,663	-
Corporate	102,930	109,280	104,572
Licensing body	132,360	133,390	128,864
F.D.I.	3,500	4,644	3,558
	<u>\$3,040,454</u>	<u>\$3,049,450</u>	<u>\$2,835,495</u>
OTHER			
Accreditation surveys	\$ 63,000	\$ 84,750	\$ 75,550
Consumer product recognition	28,000	23,500	47,000
D.A.T.	140,000	133,420	138,472
D.A.P./D.H.M.	75,000	87,842	77,813
Information services	100,000	109,218	84,368
Library	7,800	164,931	2,731
Conferences and seminars	13,400	18,432	23,157
Journal	432,000	509,645	433,972
Property	182,391	186,183	188,669
Interest	65,000	148,074	129,963
Other	16,300	50,645	16,545
	<u>\$1,122,891</u>	<u>\$1,516,640</u>	<u>\$1,218,240</u>

F.D.I.

Up slightly from the year before, FDI income represents the difference between fees collected from dentists in Canada and the amount transferred to FDI.

OTHER

Accreditation Surveys

This item includes income from college surveys, income from the ACFD to offset university surveys costs, a contribution by the National Dental Examining Board and hospital survey income. In general, survey income was in line with budget. College survey income, however, was up significantly over both the 1989 budget and 1988 actual figures as a result of the move by the Accreditation department to a formula of annual billing, rather than the past practice of billing at the time of the actual survey. This change, implemented in 1988, affected 1989 income as well.

Consumer Product Recognition

This item represents income from the seal of recognition program. Revenue in 1989 reflected normal activity, whereas revenue in 1988 showed a one time increase due to some "catch-up" payments received that year.

Dental Aptitude Test

This item represents fees charged for the DAT exam as well as income from the sale of additional test supplies. Increased revenue, based on a higher application fee rate, did not materialize as the number of test applicants was down from the previous year.

Dental Awareness Program/Dental Health Month

This revenue includes a grant of \$10,000 from the Canadian Fund for Dental Education for the development of a poster. The bulk of the revenue, however, is generated from the sale of materials and merchandise.

Information Services

This revenue is generated from pamphlet sales. Sales exceeded expectations and as a result revenue was above budget and significantly higher than the previous year.

Library

Library income includes a grant from the Canadian Dental Foundation to cover operating expenses of the Library. As well, the CDF contributed additional funding for the purchase of new office equipment for the library. Total grants amounted to \$153,025. Other income was generated from library services, which reflect the policy to levy a small fee to cover direct costs.

Conferences and Seminars

This item includes grants received from the CFDE toward the Teaching and Student Conferences, a small administrative fee charged against the convention account and the net surplus/deficit of the taxation seminar program.

Journal Revenue

Journal revenue from the sale of commercial advertising exceeded expectations by a significant amount as performance in this area continues on an upward trend. It might be noted too that the Journal continues to publish advertisements for CDA activities such as the convention for which charges are not imposed; had these pages been sold, or least an adjusting entry been made, the revenue figure would increase by some \$50,000.00. This item also includes income from classified advertising and the sale of reprints.

Property

Property revenue from the rental of space in the CDA building is consistent with both budget and previous year actuals. The modest decrease in revenue is because the lease with the Canadian Council on Health Facilities Accreditation (CCHFA), a tenant occupying 6000 square feet, terminated in November, 1989.

Interest

Interest income exceeded budget by a significant amount because renovations expected to begin in 1989 were postponed to 1990. High interest rates were also a factor.

Other Income

Other income consists of royalties received from the Affinity Card program, foreign exchange, sales tax refunds and other miscellaneous sources. Many of these items were not budgeted.

CANADIAN DENTAL ASSOCIATION

Page 10

SCHEDULE OF EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1989

	1989		1988
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
EXECUTIVE SERVICES			
Board of Governors	\$129,605	\$142,351	\$129,332
Executive Council	114,605	108,539	103,866
Management Committee	134,014	202,891	137,845
President's expenses	78,510	58,765	51,623
Constitution and by-laws	1,337	20	332
F.D.I.	52,100	40,994	40,024
Intercorporate relations	10,000	9,310	7,492
Nominations	4,000	14,831	835
President's and			
C.E.O.'s conference	10,912	8,265	33
Roles and responsibilities	1,000	-	-
Spokesperson	5,000	429	-
New projects	21,000	-	2,521
	<u>\$562,083</u>	<u>\$586,395</u>	<u>\$473,903</u>
PROFESSIONAL SERVICES			
Education and accreditation	\$144,436	\$156,722	\$173,878
Consumer product recognition	23,367	12,489	11,598
D.A.T.	136,448	121,905	118,455
Dental materials and devices	16,349	14,546	12,984
Dental specialities	8,194	8,409	7,695
Ethics	8,000	15,952	21
Health care	9,222	2,140	9,033
Hospital and institutional			
dentistry	23,123	9,738	11,240
Professional resource			
utilization	42,754	9,137	4,362
Salaried dentists	1,000	-	3
	<u>\$412,893</u>	<u>\$351,038</u>	<u>\$349,269</u>

SCHEDULE OF EXPENSES (pages 10 & 11)

General Note

Kindly note that in those areas where there was little change in financial activity, no explanatory notes are provided.

EXECUTIVE SERVICES

Board of Governors

Board of Governors expense is higher than both budget and the previous year total largely as a result of increased facility rental and catering costs. Travel and accommodation costs were also up.

Management Committee

Management Committee meeting expenses were in line with budget and were consistent with the previous year actual expense. However, additional expenses were incurred in this area as at times Management Committee members were used in place of the President to carry out official duties. More significantly, this item includes an unbudgeted grant to the CDF of \$58,000 representing the balance of the Gallop estate bequest. This money had been held by CDA for over four years and Management decided it should be granted.

President's Expenses

As mentioned above, the shifting of duties to other members of the Management Committee helped reduced costs below budget. This item includes expenses related to the President's installation dinner as well.

FDI

This item includes the corporate fee paid to FDI (\$20,200) costs related to the attendance of CDA delegates to the FDI congress and expenses related to promoting FDI individual membership in Canada.

President and CEO's Meeting

A meeting of the CEO's was held in 1989. There was no meeting held in 1988.

Spokespersons

This expense area is used only as necessary.

New Projects

This is a budget item used to allow for activities which may arise during the year.

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1989

	1989		1988
	Budget	Actual	Actual
MEMBER SERVICES			
Government relations	\$ 30,621	\$ 10,983	\$ 13,272
Information services	279,542	287,009	424,509
Insurance and investments	-	12,404	1,812
Membership	113,000	98,427	27,947
Publications	661,616	805,431	586,278
Student affairs	52,158	45,411	47,055
Taxation	19,796	1,437	40,581
Third party	103,245	256,897	96,029
	<u>\$1,259,978</u>	<u>\$1,517,999</u>	<u>\$1,237,483</u>
ADMINISTRATION			
Staff	\$1,326,926	\$1,355,461	\$1,254,491
Operations	460,400	393,390	397,682
Property	265,700	349,571	271,834
	<u>\$2,053,026</u>	<u>\$2,098,422</u>	<u>\$1,924,007</u>

PROFESSIONAL SERVICES

Education and Accreditation

This item includes Council and related committee expenses as well as the cost of conducting school surveys. The increase from budget is due primarily to higher meeting costs. Expenses are lower than last year because of the inclusion last year of expenses related to the Task Force on Accreditation were included.

Dental Aptitude Test Program

Expenses include the cost of running the DAT program as well as related committee expenses. Expenses were in line with the previous year, with committee expenses being below budget.

Hospital & Institutional Dentistry

This item includes hospital survey expenses which were higher than the previous year but below budget. Related committee expenses were lower than the previous year and below budget.

PRUC

Expenses were well below budget as work in this area was postponed.

MEMBER SERVICES

Government Relations

Expenses in this area, which includes the Medical Services Branch Committee were below budget but comparable to the previous year. Expenses relate closely to the need for lobbying activity.

Information Services

The Information Services area requires considerable explanation. The amount is made up of several component expenses including consulting fees in the areas of Dental Awareness and Dental Health Month. This area also includes the inventory expense of the merchandise sold in both of these programs, the net amount of the DAP "special projects" area, which encompasses corporately funded projects, and the Council's meeting expenses. Adjustments made to budgets under this umbrella during the year helped to keep the overall area close to the global budget. Of note, the special projects area netted CDA over \$45,000 in 1989. An additional \$30,000 was earned in 1988 but recorded in 1989. Merchandise, which includes pamphlet expense, was higher than budget but was directly related to sales for which there is compensating revenue.

Insurance and Investments

Expenses related to CDA's administration of the CDIP are now being tracked and charged to this account.

Membership

Membership promotion was a high priority in 1989 and accordingly the budget reflected this. Actual expense was held below budget. A significant portion of the expense in 1989 was related to the development and construction of the CDA's membership booth.

Publications

This item includes expenses related to the Journal, the Communique, and the direct costs of the library. Actual expense exceeded budget and the previous year actual expense primarily because Journal expenses were up as efforts continue to enhance the look and readability of the Journal. As noted earlier, however, advertising revenue is increasing hand-in-hand with production expenses. Also included, but not budgeted for, was the publication of the CDA Annual Review.

Student Affairs

This item includes Council expenses, student membership promotion expenses and expenses related to the student conference. All areas were on budget with the exception of promotions which was below budget.

Taxation

Taxation Committee expenses were down corresponding with the decreased lobbying activity.

Third Party Plans

This item includes expenses related to the 3rd Party Committee, the Dialogue in Dentistry program and EDI. Expenses related to the development of the EDI program, approximately \$182,500 in 1989, caused overall expenses to exceed budget.

ADMINISTRATION

Staff

Staff expense includes staff salaries, benefits, travel, training, temporary staff and other related expense items. Expenses in 1989 were slightly above budget and represent an 8% increase over 1988 actual expense. Staff at CDA increased to 37 people by the end of 1989, up from 33 at the end of 1988.

Operations

Operations expense, which includes office equipment, insurance, printing, stationary, and other overhead expenses, was down somewhat from budget partially as a result of expenses being allocated to the various project areas as opposed to the general account but also as a result of certain efficiencies.

Property

Property expense in 1989 was actually modestly below budget. However, consulting fees related to the renovations project totalling \$100,000 were charged to this item in 1989 rather than deferring the expense to a later date.

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF MEMBERSHIP REVENUE BY PROVINCE

FOR THE YEAR ENDED DECEMBER 31, 1989

	Active	Affiliate	Support- ing	Student	Retired	Corporate	Licensing Body
Nfld.	\$ 43,155	\$ -	\$ 158	\$ 19	\$ 158	\$ 1,370	\$ 1,370
P.E.I.	15,120	-	-	-	79	510	510
N.S.	121,905	-	158	2,375	474	3,890	3,890
N.B.	63,945	-	-	-	553	2,800	1,870
Que.	272,496	169,325	1,264	13,975	1,541	13,390	28,420
Ont.	810,402	14,280	4,820	10,806	2,646	44,880	54,890
Man.	147,735	-	158	1,865	316	4,865	4,865
Sask.	106,155	-	-	1,632	-	3,685	3,685
Alta.	401,682	-	-	36	237	13,480	13,480
B.C.	574,680	-	158	2,812	1,580	20,410	20,410
Other	-	9,305	3,634	418	79	-	-
	<u>\$2,557,275</u>	<u>\$192,910</u>	<u>\$10,350</u>	<u>\$33,938</u>	<u>\$7,663</u>	<u>\$109,280</u>	<u>\$133,390</u>

SCHEDULE OF MEMBERSHIP BY PROVINCE (page 12)

This section of the statements is provided for information and represents a record of membership fees received by CDA during the year.

Figures are not always devisable by the current years' fee because of payments received in the current year which were due in the previous year or because of partial payments.

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF MEMBERSHIP REVENUE BY PROVINCE

FOR THE YEAR ENDED DECEMBER 31, 1988

ADDED BY STAFF FOR COMPARATIVE PURPOSES FROM LAST YEAR'S AUDITED
STATEMENTS

	Active	Affiliate	Support- ing	Student	Corporate	Licensing Body
Newfoundland	\$ 37,990	\$ -	\$ -	\$ -	\$ 1,378	\$ 1,390
P.E.I.	13,340	-	-	-	510	510
Nova Scotia	107,735	290	145	2,692	3,760	3,760
New Brunswick	59,450	-	435	-	2,460	2,180
Québec	276,098	152,685	2,610	9,853	13,000	27,700
Ontario	760,688	31,610	5,365	7,418	42,590	52,450
Manitoba	137,170	-	-	2,039	4,950	4,950
Saskatchewan	95,845	-	-	-	3,660	3,660
Alberta	356,015	145	-	3,368	12,864	12,864
British Columbia	515,724	290	290	2,806	19,400	19,400
Other	-	11,330	4,770	305	-	-
	<u>\$2,360,055</u>	<u>\$196,350</u>	<u>\$13,615</u>	<u>\$28,481</u>	<u>\$104,572</u>	<u>\$128,864</u>

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSOUR, B.ADMIN., C.A.
BLAIR E. DAVIDSON, B.COMM., C.A.
G. WARREN TRICKEY, B.COMM., C.A.
ROBERT D. SHANTZ, B.MATH., C.A.

CONSULTANT - ELDREN E. McCONNELL, C.A.

330 McLEOD ST.
OTTAWA, ONT.
K2P 2C5
(613) 236-2367
1 (800) 267-6551
FAX: 236-5041

AUDITORS' REPORT

To the Members,
The Canadian Dental Research
Foundation.

We have examined the balance sheet of The Canadian Dental Research Foundation as at December 31, 1989 and the statement of revenue and expense for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Foundation as at December 31, 1989 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

McCay, Duff & Co.

Chartered Accountants.

Ottawa, Ontario,
February 28, 1990.

CANADIAN DENTAL RESEARCH FOUNDATION (separate statements)

The activity in the CDRF was similar to previous years. The biennial CDRF award was presented in 1989.

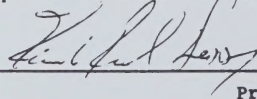
THE CANADIAN DENTAL RESEARCH FOUNDATION

BALANCE SHEET

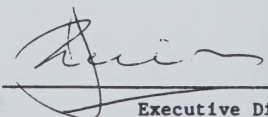
AS AT DECEMBER 31, 1989

ASSETS	1989	1988
CURRENT		
Cash	\$47,217	\$44,304
Accrued interest receivable	<u>420</u>	<u>342</u>
	47,637	44,646
INVESTMENT (note 2)	<u>5,000</u>	<u>5,000</u>
	<u>\$52,637</u>	<u>\$49,646</u>
MEMBERS' EQUITY		
SURPLUS - BEGINNING OF YEAR	\$49,646	\$45,902
Excess of revenue over expense for the year	<u>2,991</u>	<u>3,744</u>
SURPLUS - END OF YEAR	<u>\$52,637</u>	<u>\$49,646</u>

Approved on behalf of the Board:



President



Executive Director

THE CANADIAN DENTAL RESEARCH FOUNDATION

STATEMENT OF REVENUE AND EXPENSE

FOR THE YEAR ENDED DECEMBER 31, 1989

	<u>1989</u>	<u>1988</u>
REVENUE		
Interest	\$5,191	\$3,744
EXPENSE		
Award	<u>2,200</u>	<u>-</u>
EXCESS OF REVENUE OVER EXPENSE FOR THE YEAR	<u>\$2,991</u>	<u>\$3,744</u>

THE CANADIAN DENTAL RESEARCH FOUNDATION

Page 16

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1989

1. SIGNIFICANT ACCOUNTING POLICY

Basis of Accounting

Revenue and expenses are recorded on the accrual basis, whereby they are reflected in the accounts in the period in which they have been earned and incurred respectively, whether or not such transactions have been finally settled by the receipt or payment of money.

2. INVESTMENT

The investment is stated at cost, which approximates market value.

Cost

\$5,000 Hydro-Electric Power Commission
of Ontario 9% bond, due April 1, 1994

\$5,000

3. STATEMENT OF CHANGES IN FINANCIAL POSITION

Under generally accepted accounting principles, a statement of changes in financial position forms a part of the financial statements of an organization. In the case of the Foundation it would not provide additional useful information and consequently management is of the opinion it need not be included.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6

TELEPHONE (613) 523-1770 FAX #: (613) 523-7736

MEMORANDUM

Date: May 23, 1990
To: Jardine Neilson
From: Brian Henderson
Re: THE CONCEPT OF A COMMISSION ON ACCREDITATION

As requested by Dr. Roach, I am presenting some background which may serve as a point of departure for discussion of the topic of the "Commission on Accreditation".

Commission vs Council: Symbolic Considerations

The word "Commission" carries a stronger connotation of independence and freedom of action than the word "Council". A "Council" is a source of advice or counsel as the name implies; a "Commission", as the name implies, can make a "commitment" to a course of action. Accordingly, a simple thing like changing the title to "Commission on Accreditation" has an important symbolic value; it underlines the autonomy of the body in a visible fashion.

Commission vs Council: Functional Considerations

The existing "Council on Accreditation" has freedom of action, with respect to its specific mandate on accreditation, under the revised CDA constitution. It is already functioning as a "Commission". It requires no additional authority nor any further changes in the CDA constitution beyond a change in title to function as a "Commission on Accreditation".

Commission vs Council: Practical Considerations

Whether the accreditation body is called a council or a commission does not change the practical limitation under which the body must operate. Its decisions must be made in a fashion that will warrant the continuing support of the dental

profession and the other constituencies cooperating in the accreditation process. While it has real authority, it can only discharge that authority in a responsible fashion or it will lose its credibility. In short, the same practical considerations apply to a "Commission" as those applying to a "Council".

Advantages and disadvantages

Unless I am missing something, there are only advantages in moving to the use of the title "Commission". This title would be more appropriate, for example, if a decision were to be made to issue certificates to graduates of accredited programs. It would also make it difficult to criticize the "Council on Accreditation" as just another council of the CDA. The term more accurately describes what has been established by CDA and could help us defend CDA against criticism of continuing self-interest. A possible disadvantage might be the creation of a fear that the accreditation process is "out of control" or could work against the interests of the dental profession. I truly do not see this as a real concern because of the practical considerations noted above. In short, while I am pleased with what has been accomplished and happy with the existing situation, I don't believe there is anything to fear from changing the name to "Commission on Accreditation" and the enhanced symbolic value of the new title could stand us in good stead.

TIMETABLE - RESTRUCTURE
CDA MANAGEMENT COMMITTEE

	Existing Composition	Action	Resulting Composition	Flow Chart
1988				
Annual Meeting	Pres-Elect/President Past-President	Elect Pres-Elect	Pres-Elect/Pres Past-President	PE is New PE to Pres Pres to PP
1989				
Interim Meeting	Pres-Elect/Pres/ Past-President	Elect Vice-Pres	Vice-Pres/Pres-Elect/ /Pres/Past-President	VP is New PE to PE P to P PP to PP
Annual Meeting	Vice-Pres/Pres-Elect/ Pres/Past-President	Elect Vice-Pres	Vice-Pres/Pres-Elect/ Pres/Past-President	VP is New VP to PE PE to P P to PP PP - Drops
1990				
Annual Meeting	Vice-Pres/Pres-Elect/ Pres/Past-President	Elect Vice-Pres	Vice-Pres/Pres-Elect/ Pres/Past-President	VP is New VP to PE PE to P P to PP PP - Drops
1991				
1991 Interim Meeting	Vice-Pres/Pres-Elect/ Pres/Past-President	Abolish position of Past-Pres	Vice-Pres/Pres-Elect/ President	VP to VP PE to PE P to P PP - Drops
Annual Meeting	Vice-Pres/Pres-Elect/ President	Elect Vice-Pres	Vice-Pres/Pres-Elect/ President	VP is New VP to PE PE to P Pres - Drops

Notes: The President-Elect elected at the 1988 Annual Meeting serves on Management for 2 1/2 years. The Vice-President elected at the 1989 Interim Board serves on Management for 2 1/2 years.

CANADIAN DENTAL ASSOCIATION

1991 BUDGET

The 1991 budget was presented to the Board of Governors at the 1990 Interim Meeting held in March. At that time, a preliminary budget was presented, with notification that the Executive at its June meeting would review the budget and, with financial results of the previous year, make necessary adjustments to bring the budget into balance.

This exercise was completed and below you will see the adjustments made to the 1991 budget. It is important to note that the budget does not include the impact of the proposed Goods and Services Tax (GST). The tax is expected to add approximately \$125,000 to the 1991 expenses. This figure could be deducted from the surplus shown, leaving a surplus of approximately \$54,000.

ADJUSTMENTS

PROJECT AREA	WAS	NOW	DIFFERENCE
Executive Council	\$ 123,089	\$ 122,489	\$ 600
President Expense	\$ 71,720	\$ 66,220	\$ 5,500
FDI	\$ 52,921	\$ 45,921	\$ 7,000
CPR	\$ 21,525	\$ 14,025	\$ 7,500
DMD	\$ 19,766	\$ 16,566	\$ 3,200
DSPEE	\$ 12,084	\$ 4,284	\$ 7,800
Com. & Inst.	\$ 21,657	\$ 14,057	\$ 7,600
PRUC	\$ 19,370	\$ 12,500	\$ 6,870
Gov't Relation	\$ 20,501	\$ 12,501	\$ 8,000
Information Services	\$ 433,968	\$ 323,968	\$ 110,000
Student	\$ 60,515	\$ 57,515	\$ 3,000
Staff	\$1,830,350	\$1,780,350	\$ 50,000
Operations	\$ 460,050	\$ 442,050	\$ 18,000
New Projects			
- Prof. Services	\$ 50,000	\$ 25,000	\$ 25,000
- Membership	\$ 34,000	\$ 14,000	\$ 20,000
TOTAL	\$3,231,516	\$2,951,446	\$ 280,070

(INC1991)

CANADIAN DENTAL ASSOCIATION

PROJECTED INCOME STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 1991

	1991 Budget	1990 Budget	1989 Actual	1990 Budget Item as % of total	1991/ 1989
REVENUE					
FEES	\$3,616,501	\$3,308,819	\$3,049,450	70%	119%
OTHER	1,553,075	1,400,065	1,516,640	30%	102%
TOTAL REVENUE	\$5,169,576	\$4,708,884	\$4,566,090	100%	113%
EXPENSE					
EXECUTIVE SERVICES	\$612,387	\$545,781	\$586,395	12%	104%
PROFESSIONAL SERVICES	389,219	349,200	351,038	7%	111%
MEMBER SERVICES	1,438,286	1,334,159	1,517,999	28%	95%
ADMINISTRATION	2,550,600	2,470,780	2,098,422	53%	122%
TOTAL EXPENSE	\$4,990,492	\$4,699,920	\$4,553,854	100%	110%
NET SURPLUS / (DEFICIT)	\$179,084	\$8,964	\$12,236		

(othinc91)

CANADIAN DENTAL ASSOCIATION

1991 BUDGET - REVENUE

	1991 Budget	1990 Budget	1989 Actual	1991 Budget Item as % of total
FEEs				
Active Fees	\$2,962,340	\$2,693,680	\$2,557,274	57.3%
Affiliate Fees	223,380	193,380	192,910	4.3%
Supporting Fees	11,895	10,555	10,350	0.2%
Retired Fees	9,919	9,047	7,663	0.2%
Student Fees	27,897	27,897	33,939	0.5%
Corporate Fees	109,290	105,480	109,280	2.1%
Licensing Body Grants	266,780	264,780	133,390	5.2%
FDI Fees	5,000	4,000	4,644	0.1%
Total	\$3,616,501	\$3,308,819	\$3,049,450	70.0%
OTHER				
Accreditation Surveys	\$72,700	\$74,700	\$84,750	1.4%
Consumer Product Recognition	35,000	35,000	23,500	0.7%
D A T	185,000	120,000	133,420	3.6%
Dental Material Recognition	10,000	10,000	0	0.2%
Information Services	215,000	207,500	197,060	4.2%
Library Services	153,100	142,500	164,931	3.0%
Conferences & Seminars	61,400	61,400	18,432	1.2%
Journal	587,000	536,000	509,645	11.4%
Property	145,875	135,965	186,163	2.8%
Interest	36,000	36,000	148,074	0.7%
Other	52,000	41,000	50,645	1.0%
Total	\$1,553,075	\$1,400,065	\$1,516,640	30.0%

(fexec91)

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - EXPENSE

	1991 Budget	1990 Budget	1989 Actual	1991 Budget Item as a % of Total
EXECUTIVE SERVICES				
Board of Governors	\$155,270	\$139,720	\$142,351	25.4%
Executive Council	122,489	103,589	108,539	20.0%
Management Committee	169,105	158,998	202,891	27.6%
President's Expenses	88,220	89,920	58,765	10.8%
Constitution & By-Laws	1,864	1,350	20	0.3%
F.D.I. - Congress	45,921	52,698	40,994	7.5%
Intercompany Relations	10,900	5,000	9,310	1.8%
Nominations	13,818	11,508	14,831	2.3%
Presidents & CEOs	0	0	8,265	0.0%
Roles & Responsibilities	1,000	1,000	0	0.2%
Spokesperson	2,500	2,000	429	0.4%
New Projects	23,300	0	0	3.8%
Total	\$612,387	\$545,781	\$586,395	100.0%

7/12/90

(fprof81)

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - EXPENSE

	1991 Budget	1990 Budget	1989 Actual	1991 Budget Item as % of Total
PROFESSIONAL SERVICES				
Accreditation	\$111,581	\$111,725	\$151,109	28.7%
Consumer Product Recognition	14,025	21,525	12,489	3.6%
DAT	143,750	120,250	121,905	36.9%
Dental Mat. & Devices	18,588	18,825	14,547	4.3%
Dental Specialties	4,284	8,260	8,409	1.1%
Education	35,888	34,180	10,893	9.2%
Ethics	11,088	14,480	15,952	2.8%
Health Care	0	0	1,488	0.0%
Hosp. Services	0	0	4,458	0.0%
Commun. & Institution	14,057	13,750	652	3.6%
PRUC	12,500	5,225	9,137	3.2%
Salaried Dentists	500	1,000	0	0.1%
New Projects	25,000	0	0	6.4%
Total	\$389,218	\$349,200	\$351,038	100.0%

(fadmin91)

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - EXPENSE

	1991 Budget	1990 Budget	1989 Actual	1991 Budget Item as % of Total	1991/ 1989
ADMINISTRATION					
Executive Staff	\$337,750	\$322,827	\$308,751	13.2%	109.4%
Prof. Services Staff	338,500	333,360	286,124	13.3%	127.2%
Member Services Staff	696,700	589,612	434,440	27.3%	180.4%
Admin. Staff	407,400	429,480	346,146	16.0%	117.7%
Operations	442,050	494,000	393,390	17.3%	112.4%
Property	328,200	321,500	349,571	12.9%	93.9%
Total	\$2,550,600	\$2,470,780	\$2,098,422	100.0%	121.5%

REV8GT91

CANADIAN DENTAL ASSOCIATION

1991 BUDGET - REVENUE

	1991 Budget	1990 Budget	1989 Actual	1991/ 1990
FEES				
Active Fees - Newfoundland	\$50,005	\$45,210	\$43,155	110.6%
Active Fees - P.E.I.	17,520	15,180	15,120	115.4%
Active Fees - Nova Scotia	141,255	128,370	121,905	110.0%
Active Fees - N.B.	74,085	66,990	63,945	110.6%
Active Fees - Quebec	315,725	318,120	272,496	89.2%
Active Fees - Ontario	938,780	848,134	810,401	110.7%
Active Fees - Manitoba	171,185	152,790	147,735	112.0%
Active Fees - Saskatchewan	123,005	118,800	106,155	103.5%
Active Fees - Alberta	465,010	415,200	401,683	112.0%
Active Fees - B.C.	665,760	584,886	574,680	113.8%
Affiliate Fees - Newfoundland	0	0	0	
Affiliate Fees - P.E.I.	0	0	0	
Affiliate Fees - Nova Scotia	0	0	0	
Affiliate Fees - N.B.	0	0	0	
Affiliate Fees - Quebec	196,005	171,930	169,325	114.0%
Affiliate Fees - Ontario	16,425	14,520	14,280	113.1%
Affiliate Fees - Manitoba	0	0	0	
Affiliate Fees - Saskatchewan	0	0	0	
Affiliate Fees - Alberta	0	0	0	
Affiliate Fees - B.C.	0	0	0	
Affiliate Fees - Other	10,950	6,930	9,305	158.0%
Supporting Fees - Newfoundland	183	165	158	110.9%
Supporting Fees - P.E.I.	0	0	0	
Supporting Fees - Nova Scotia	183	165	158	110.9%
Supporting Fees - N.B.	0	0	0	
Supporting Fees - Quebec	1,484	1,150	1,264	127.3%
Supporting Fees - Ontario	5,490	4,950	4,820	110.9%
Supporting Fees - Manitoba	183	165	158	110.9%
Supporting Fees - Saskatchewan	0	0	0	
Supporting Fees - Alberta	0	0	0	
Supporting Fees - B.C.	183	165	158	110.9%
Supporting Fees - Other	4,209	3,795	3,634	110.9%
Retired Fees - Newfoundland	91	83	158	109.6%
Retired Fees - P.E.I.	91	83	79	109.6%
Retired Fees - Nova Scotia	91	83	474	109.6%
Retired Fees - N.B.	91	83	553	109.6%
Retired Fees - Quebec	2,275	2,075	1,541	109.6%
Retired Fees - Ontario	3,185	2,905	2,647	109.6%
Retired Fees - Manitoba	455	415	316	109.6%
Retired Fees - Saskatchewan	273	249	0	109.6%
Retired Fees - Alberta	837	581	237	109.6%
Retired Fees - B.C.	1,820	1,660	1,580	109.6%
Retired Fees - Other	810	830	79	109.6%

REV8GT91

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - REVENUE

	1991 Budget	1990 Budget	1989 Actual	1991/ 1990
Student Fees - Newfoundland	0	0	19	
Student Fees - P.E.I.	0	0	0	
Student Fees - Nova Scotia	2,125	2,125	2,375	100.0%
Student Fees - N.B.	34	34	0	100.0%
Student Fees - Quebec	9,877	9,877	13,975	100.0%
Student Fees - Ontario	7,531	7,531	10,806	100.0%
Student Fees - Manitoba	1,428	1,428	1,865	100.0%
Student Fees - Saskatchewan	1,360	1,360	1,632	100.0%
Student Fees - Alberta	2,975	2,975	36	100.0%
Student Fees - B.C.	2,567	2,567	2,812	100.0%
Student Fees - Other	0	0	418	
Corporate Fees - Newfoundland	1,370	1,370	1,370	100.0%
Corporate Fees - P.E.I.	510	490	510	104.1%
Corporate Fees - Nova Scotia	3,890	3,890	3,890	100.0%
Corporate Fees - N.B.	2,800	2,490	2,800	112.4%
Corporate Fees - Quebec	13,390	13,750	13,390	97.4%
Corporate Fees - Ontario	44,680	42,650	44,680	105.2%
Corporate Fees - Manitoba	4,870	4,870	4,865	104.3%
Corporate Fees - Saskatchewan	3,690	3,860	3,685	85.6%
Corporate Fees - Alberta	13,480	12,720	13,480	106.0%
Corporate Fees - B.C.	20,410	19,590	20,410	104.2%
Licensing Body Grant - Newfoundland	2,740	2,740	1,370	100.0%
Licensing Body Grant - P.E.I.	1,020	880	510	104.1%
Licensing Body Grant - Nova Scotia	7,780	7,780	3,890	100.0%
Licensing Body Grant - N.B.	3,740	4,980	1,870	75.1%
Licensing Body Grant - Quebec	56,840	56,840	28,420	100.0%
Licensing Body Grant - Ontario	109,780	109,780	54,890	100.0%
Licensing Body Grant - Manitoba	9,730	9,340	4,865	104.2%
Licensing Body Grant - Saskatchewan	7,370	7,720	3,685	95.5%
Licensing Body Grant - Alberta	26,960	25,440	13,480	106.0%
Licensing Body Grant - B.C.	40,820	39,180	20,410	104.2%
FDI Fees (Receipts less payments)	5,000	4,000	4,644	125.0%
Total	\$3,616,501	\$3,308,819	\$3,049,450	109.3%

REVBGT91

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - REVENUE

	1991 Budget	1990 Budget	1989 Actual	1991/ 1990
OTHER				
Accreditation - Colleges	\$19,100	\$19,100	\$45,200	100.0%
Accreditation - Universities	15,600	15,600	15,600	100.0%
Accreditation - Hospitals	2,000	4,000	5,950	50.0%
Accreditation - NDEB Grant	36,000	36,000	18,000	100.0%
Consumer Product Recognition - Fees	35,000	35,000	23,500	100.0%
D A T - Application Fees	185,000	110,000	115,448	150.0%
D A T - Material Sales	20,000	10,000	17,972	200.0%
Dental Material Recognition - Fees	10,000	10,000	0	100.0%
Info. Services - Merchandise Sales	215,000	207,500	197,080	103.6%
Library Services - CDF Grant	143,100	135,000	155,054	106.0%
Library Services - Charges	10,000	7,500	9,877	133.3%
Conf. & Sem. - Teach. - CFDE Grant	12,500	12,500	10,500	100.0%
Conf. & Sem. - Stud. - CFDE Grant	12,000	12,000	9,000	100.0%
Conf. & Sem. - Annual Conv. (net)	35,000	35,000	10,000	100.0%
Conf. & Sem. - Taxation (net)	1,900	1,900	-3,683	100.0%
Conf. & Sem. - Third Party (net)	0	0	-7,385	
Journal - Commercial Advertising	525,000	476,000	475,641	110.3%
Journal - Classified Advertising	30,000	40,000	17,258	75.0%
Journal - Subscriptions Sales	30,000	18,000	16,555	166.7%
Journal - Reprints Sales	2,000	2,000	192	100.0%
Property - Rental - O.D.S.	2,775	1,750	1,200	158.6%
Property - Rental - Wayne Thomas	2,850	3,430	2,940	83.1%
Property - Rental - F.M.W.	2,850	3,325	2,856	85.7%
Property - Rental - ACFD	5,700	5,180	4,440	110.0%
Property - Rental - CFDE	4,500	7,500	4,200	80.0%
Property - Rental - New tenant	75,000	0	0	
Property - Rental - SEVEC	0	87,560	80,120	0.0%
Property - Rental - C.C.H.A.	0	0	80,415	
Property - Rental - Clendenning	0	0	2,040	
Property - Rental - Parking	10,200	9,720	5,850	104.9%
Property - Rental - Escalations	42,000	37,500	22,122	112.0%
Interest - Term Deposits	0	0	88,055	
Interest - Current Account	36,000	36,000	60,019	100.0%
Other - Royalties	25,000	25,000	9,215	100.0%
Other - Foreign Exchange	1,000	1,000	887	100.0%
Other - Miscellaneous	26,000	15,000	40,564	173.3%
Total	\$1,553,075	\$1,400,065	\$1,516,640	110.8%

(Exec81)

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - EXPENSE

	1991 Budget	1990 Budget	1989 Actual	1991/ 1990
EXECUTIVE SERVICES				
Board of Governors/Travel	\$39,000	\$33,250	\$34,462	117.3%
Board Of Governors/Accommodation	33,580	33,750	33,185	99.5%
Board of Governors/PD	40,470	40,100	30,640	100.9%
Board Of Governors/Other	42,220	32,620	44,066	129.4%
Executive Council/Travel	19,500	18,500	13,652	105.4%
Executive Council/Accommodation	18,950	17,875	21,919	106.0%
Executive Council/PD	47,889	51,514	33,895	93.0%
Executive Council/Other	7,500	0	22,149	
Executive Council Expense/Travel	5,000	5,000	484	100.0%
Executive Council Expense/Accommodation	5,400	5,400	3,533	100.0%
Executive Council Expense/PD	9,350	5,300	6,137	176.4%
Executive Council Expense/Other	8,800	0	6,770	
Management Committee/Travel	1,500	1,500	2,969	100.0%
Management Committee/Accommodation	3,360	3,300	4,583	101.6%
Management Committee/PD	11,670	9,096	14,488	128.3%
Management Committee/Other	3,500	0	2,676	
Management Committee/Honoraria	87,735	84,360	81,120	104.0%
Management Committee Expense/Travel	9,000	9,000	6,301	100.0%
Management Committee Expense/Accommodation	6,000	6,000	4,307	100.0%
Management Committee Expense/PD	23,340	22,740	20,641	102.6%
Management Committee Expense/Other	23,000	23,000	65,805	100.0%
President's Expenses/Travel	12,500	15,000	12,418	83.3%
President's Expenses/Accommodation	9,000	9,000	6,793	100.0%
President's Expenses/PD	28,120	30,320	26,246	92.7%
President's Expenses/Other	1,000	0	2,290	
President's Expenses/Installation	15,600	15,600	11,018	100.0%
Constitution & By-Laws/Travel	0	0	0	
Constitution & By-Laws/Accommodation	0	1,000	0	0.0%
Constitution & By-Laws/PD	364	350	0	104.0%
Constitution & By-Laws/Other	1,500	0	20	
F.D.I. - Congress/Travel	11,921	17,698	9,562	67.4%
F.D.I. - Congress/Accommodation	7,000	7,000	7,926	100.0%
F.D.I. - Congress/Other	2,500	0	1,057	
F.D.I. - Corporate Fee	21,000	25,000	20,213	84.0%
F.D.I. - Administration	3,500	3,000	2,237	116.7%
Intercorporate Relations/Travel	5,200	2,500	3,349	208.0%
Intercorporate Relations/Accommodation	5,200	2,500	4,514	208.0%
Intercorporate Relations/Other	500	0	1,447	

(Exec91)

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - EXPENSE

	1991 Budget	1990 Budget	1989 Actual	1991/ 1990
Nominations/Travel	2,000	1,650	6,033	121.2%
Nominations/Accommodation	1,840	900	1,316	204.4%
Nominations/PD	778	758	728	102.6%
Nominations/Other	1,000	0	6,755	
Nominations/Awards	8,200	8,200	0	100.0%
Presidents & CEOs/Travel	0	0	4,507	
Presidents & CEOs/Accommodation	0	0	2,465	
Presidents & CEOs/PD	0	0	0	
Presidents & CEOs/Other	0	0	1,293	
Roles & Responsibilities/Travel	0	0	0	
Roles & Responsibilities/Accommodation	0	1,000	0	0.0%
Roles & Responsibilities/PD	0	0	0	
Roles & Responsibilities/Other	1,000	0	0	
Spokesperson/Travel	1,500	1,500	132	100.0%
Spokesperson/Accommodation	500	500	297	100.0%
Spokesperson/PD	0	0	0	
Spokesperson/Other	500	0	0	
New Projects/Travel	5,400	0	0	
New Projects/Accommodation	2,800	0	0	
New Projects/PD	4,800	0	0	
New Projects/Other	10,300	0	0	
Total	\$612,387	\$545,781	\$586,395	112.2%

CANADIAN DENTAL ASSOCIATION

(prof91)

1991 BUDGET - EXPENSE

	1991 Budget	1990 Budget	1989 Actual	1991/ 1990
PROFESSIONAL SERVICES				
Accreditation/Travel	\$21,525	\$20,500	\$25,725	105.0%
Accreditation/Accommodation	17,325	16,500	14,529	105.0%
Accreditation/PD	735	700	7,457	105.0%
Accreditation/Other	0	0	18,953	
Accreditation/Projects	0	0	13,897	
Accreditation/University Surveys	32,588	34,825	39,610	93.5%
Accreditation/College Surveys	31,930	26,600	25,558	120.0%
Accreditation/Hospital Surveys	7,500	12,600	5,280	59.5%
Consumer Product Recognition/Travel	7,000	10,500	6,094	66.7%
Consumer Product Recognition/Accommodation	3,200	7,200	1,821	44.4%
Consumer Product Recognition/PD	3,825	3,825	2,793	100.0%
Consumer Product Recognition/Other	0	0	1,781	
Consumer Product Recognition/Program	0	0	0	
DAT/Travel	13,850	13,000	7,572	105.0%
DAT/Accommodation	6,300	6,000	4,696	105.0%
DAT/PD	1,500	1,400	676	107.1%
DAT/Other	5,000	0	374	
DAT/Test Program	117,300	99,850	108,587	117.5%
Dental Mat. & Devices/Travel	8,450	9,000	8,804	93.8%
Dental Mat. & Devices/Accommodation	4,100	6,000	1,844	68.3%
Dental Mat. & Devices/PD	4,016	3,825	1,779	105.0%
Dental Mat. & Devices/Other	0	0	2,120	
Dental Mat. & Devices/Program	0	0	0	
Dental Specialties/Travel		4,500	4,898	0.0%
Dental Specialties/Accommodation	1,800	2,000	1,542	90.0%
Dental Specialties/PD	1,884	1,760	1,696	112.7%
Dental Specialties/Other	500	0	273	
Education/Travel	8,925	8,500	0	105.0%
Education/Accommodation	9,870	9,400	0	105.0%
Education/PD	1,848	1,760	0	105.0%
Education/Other	0	0	0	
Education/Teaching Conference	15,225	14,500	10,893	105.0%
Ethics/Travel	3,000	5,500	6,229	54.5%
Ethics/Accommodation	2,780	3,700	4,058	74.6%
Ethics/PD	1,828	5,280	4,202	34.6%
Ethics/Other	3,500	0	1,463	
Health Care/Travel	0	0	153	
Health Care/Accommodation	0	0	68	
Health Care/PD	0	0	169	
Health Care/Other	0	0	1,098	

7/12/90

(prof#1)

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - EXPENSE

	1991 Budget	1990 Budget	1989 Actual	1991/ 1990
Hosp. Services/Travel	0	0	2,890	
Hosp. Services/Accommodation	0	0	879	
Hosp. Services/PD	0	0	338	
Hosp. Services/Other	0	0	352	
Commun. & Institution/Travel	8,000	8,000	0	100.0%
Commun. & Institution/Accommodation	3,540	3,200	167	110.6%
Commun. & Institution/PD	2,517	2,550	338	98.7%
Commun. & Institution/Other	0	0	147	
PRUC/Travel	4,530	2,500	3,837	181.2%
PRUC/Accommodation	3,330	1,350	2,706	246.7%
PRUC/PD	2,140	1,375	1,630	155.6%
PRUC/Other	2,500	0	985	
Salaried Dentists/Travel	0	0	0	
Salaried Dentists/Accommodation	0	1,000	0	0.0%
Salaried Dentists/PD	0	0	0	
Salaried Dentists/Other	500	0	0	
New Projects/Travel	0	0	0	
New Projects/Accommodation	0	0	0	
New Projects/PD	0	0	0	
New Projects/Other	25,000	0	0	
Total	\$389,219	\$349,200	\$351,038	111.5%

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - EXPENSE

(seemb91)

	1991 Budget	1990 Budget	1989 Actual	1991/ 1990
MEMBER SERVICES				
Government Relations/Travel	\$1,800	\$4,000	\$1,121	45.0%
Government Relations/Accommodation	1,300	2,000	189	85.0%
Government Relations/PD	2,368	2,000	169	118.4%
Government Relations/Other	3,025	0	6,409	
Ad Hoc Com. on MSB/Travel	1,800	0	1,833	
Ad Hoc Com. on MSB/Accommodation	1,070	0	385	
Ad Hoc Com. on MSB/PD	838	0	876	
Ad Hoc Com. on MSB/Other	500	0	203	
Info. Services/Travel	7,200	3,000	5,928	240.0%
Info. Services/Accommodation	6,240	5,000	1,691	124.8%
Info. Services/PD	3,028	2,542	2,235	119.1%
Info. Services/Other	1,500	0	1,633	
Info. Services/DHM	30,000	25,000	32,717	120.0%
Info. Services/DAP	110,000	105,000	106,934	104.8%
Info. Services/DAPS	-40,000	-30,000	-70,812	133.3%
Info. Services/Merchandise	198,000	208,000	179,915	95.1%
Info. Services/Services	10,000	8,600	26,768	116.3%
Insurance & Investment/Travel	0	0	1,459	
Insurance & Investment/Accommodation	0	0	548	
Insurance & Investment/PD	0	0	1,456	
Insurance & Investment/Other	2,000	2,000	8,941	100.0%
Membership/Travel	4,000	2,500	2,923	160.0%
Membership/Accommodation	4,000	2,500	1,322	160.0%
Membership/PD	3,480	4,000	838	87.0%
Membership/Other	5,000	10,000	3,420	50.0%
Membership/Promotion	81,600	77,000	80,125	106.0%
Publications/Travel	6,600	6,000	1,203	110.0%
Publications/Accommodation	2,750	2,500	223	110.0%
Publications/PD	3,945	3,682	338	107.1%
Publications/Other	800	0	4,817	
Publications/Newsletter	100,000	100,000	146,528	100.0%
Publications/Annual Report & Dir.	45,000	30,000	0	150.0%
Publications/Library	46,165	22,915	31,128	201.5%
Publications/Journal Production	505,000	493,100	492,328	102.4%
Publications/Journal Sales	147,250	100,180	128,866	147.0%
Student Affairs/Travel	7,000	10,000	6,793	70.0%
Student Affairs/Accommodation	6,600	6,000	6,565	110.0%
Student Affairs/PD	1,515	3,253	762	46.5%
Student Affairs/Other	1,800	0	361	
Student Affairs/Promotion	20,000	17,500	18,684	114.3%
Student Affairs/Pract Mgt Manual	6,600	0	0	
Student Affairs/Student Conf.	14,000	12,000	12,247	116.7%

7/12/90

(memb91)

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - EXPENSE

	1991 Budget	1990 Budget	1989 Actual	1991/ 1990
Taxation Committee/Travel	5,000	5,000	70	100.0%
Taxation Committee/Accommodation	2,100	2,100	0	100.0%
Taxation Committee/PD	2,912	2,800	0	104.0%
Taxation Committee/Other	1,000	7,000	1,367	14.3%
Third Party Plans/Travel	10,500	10,000	16,388	105.0%
Third Party Plans/Accommodation	10,500	10,000	12,256	105.0%
Third Party Plans/PD	10,500	10,000	11,757	105.0%
Third Party Plans/Other	5,000	0	7,934	
Third Party Plans/E D I (Net)	0	25,000	182,528	0.0%
Third Party Plans/D I D (Net)	25,200	23,985	26,036	105.1%
New Projects/Travel	0	0	0	
New Projects/Accommodation	0	0	0	
New Projects/PD	0	0	0	
New Projects/Other	14,000	0	0	
Total	\$1,438,286	\$1,334,159	\$1,517,999	107.8%

(Admin91)

CANADIAN DENTAL ASSOCIATION
1991 BUDGET - EXPENSE

	1991 Budget	1990 Budget	1989 Actual	1991/ 1990
ADMINISTRATION				
Executive Staff/Travel	\$11,500	\$11,500	\$11,636	100.0%
Executive Staff/Accommodation	11,500	11,500	17,105	100.0%
Executive Staff/Other	2,500	0	8,001	
Executive Staff/Payroll	266,800	254,805	234,900	104.7%
Executive Staff/Temporary	2,500	5,714	215	43.8%
Executive Staff/Benefits	36,700	34,584	32,142	106.1%
Executive Staff/Training	2,250	1,980	2,723	113.6%
Executive Staff/Advertising & Fees	2,000	1,744	0	114.7%
Executive Staff/Miscellaneous	2,000	1,000	2,029	200.0%
Prof. Services Staff/Travel	7,000	6,000	7,100	116.7%
Prof. Services Staff/Accommodation	7,000	6,000	4,748	116.7%
Prof. Services Staff/Other	2,500	0	1,382	
Prof. Services Staff/Payroll	277,100	281,627	212,433	98.4%
Prof. Services Staff/Temporary	7,200	5,714	6,170	126.0%
Prof. Services Staff/Benefits	31,000	29,295	25,056	105.8%
Prof. Services Staff/Training	2,700	1,980	1,156	136.4%
Prof. Services Staff/Advertising & Fees	2,000	1,744	7,746	114.7%
Prof. Services Staff/Miscellaneous	2,000	1,000	333	200.0%
Member Services Staff/Travel	4,000	6,000	2,626	66.7%
Member Services Staff/Accommodation	4,000	6,000	4,056	66.7%
Member Services Staff/Other	7,000	0	6,132	
Member Services Staff/Payroll	597,300	455,967	333,763	131.0%
Member Services Staff/Temporary	10,000	17,143	33,855	58.3%
Member Services Staff/Benefits	65,000	77,155	48,965	84.2%
Member Services Staff/Training	5,400	4,080	3,189	132.4%
Member Services Staff/Advertising & Fees	2,000	2,267	1,740	88.2%
Member Services Staff/Miscellaneous	2,000	1,000	104	200.0%
Admin. Staff/Travel	3,000	6,000	475	50.0%
Admin. Staff/Accommodation	3,000	6,000	1,551	50.0%
Admin. Staff/Other	10,000	0	161	
Admin. Staff/Payroll	327,000	348,681	289,712	93.8%
Admin. Staff/Temporary	5,000	6,429	4,208	77.8%
Admin. Staff/Benefits	50,000	55,667	46,333	89.8%
Admin. Staff/Training	5,400	3,980	2,334	136.4%
Admin. Staff/Advertising & Fees	2,000	1,744	1,020	114.7%
Admin. Staff/Miscellaneous	2,000	1,000	352	200.0%
Operations/Travel	500	500	403	100.0%
Operations/Accommodation	500	500	321	100.0%
Operations/Facility R&C	6,000	5,000	5,798	120.0%
Operations/Printing	3,750	40,000	3,272	9.4%
Operations/Photocopying	2,000	20,000	802	10.0%
Operations/Translation	1,000	15,000	93	6.7%
Operations/Photography	500	500	0	100.0%
Operations/Postage	1,000	70,000	1,814	1.4%

7/12/80

(Admin91)

CANADIAN DENTAL ASSOCIATION

1991 BUDGET - EXPENSE

	1991 Budget	1990 Budget	1989 Actual	1991/ 1990
Operations/Shipping And Delivery	2,000	13,000	1,807	15.4%
Operations/Electronic Mail & Fax	25,000	5,000	19,948	500.0%
Operations/Legal & Consulting	10,000	10,000	8,975	100.0%
Operations/Equip. Purchase & Rental	137,500	130,000	138,099	105.8%
Operations/Equip. Maintenance	18,500	25,000	-5,833	74.0%
Operations/Office Supplies	26,500	25,000	20,322	106.0%
Operations/Stationary	33,600	25,000	30,911	134.4%
Operations/Dues Fees & Subs	1,200	500	915	240.0%
Operations/Software	2,500	3,000	1,954	83.3%
Operations/Telephone	115,000	70,000	105,370	164.3%
Operations/Admin. Charges	13,000	3,000	11,833	433.3%
Operations/Audit And Financial	14,000	12,000	11,500	118.7%
Operations/Equip. Dep'n.	0	0	7,705	
Operations/Insurance	18,000	20,000	15,590	90.0%
Operations/Miscellaneous	10,000	1,000	11,591	1000.0%
Property/Rent	12,000	6,000	10,379	200.0%
Property/Other	2,500	2,000	2,412	125.0%
Property/Legal & Consulting	2,500	2,000	104,100	125.0%
Property/Utilities	52,000	49,000	57,195	108.1%
Property/HVAC	19,500	20,000	16,632	97.5%
Property/Cleaning	24,000	24,000	20,172	100.0%
Property/Security & Fire Inspection	3,000	3,100	2,068	98.8%
Property/Bldg. Main. & Repairs	10,000	17,000	11,025	58.8%
Property/Grounds Maintenance	12,000	13,000	5,122	92.3%
Property/Dep'n Expense	91,200	91,200	54,697	100.0%
Property/Mortgage Interest	25,000	25,000	0	100.0%
Property/Insurance	7,500	7,200	5,529	104.2%
Property/Realty Tax	65,000	61,000	80,240	108.6%
Property/Miscellaneous	2,000	1,000	0	200.0%
Total	\$2,550,600	\$2,470,780	\$2,098,422	103.2%

1991 Per Diem and Honoraria Rates

The honoraria rates for 1991 will be as follows:

President:	\$43,864
President-Elect:	\$21,934
Vice-President:	\$21,934

The per diem rates for 1991 be as follows:

	Executive Council Members		Committee/Council Chairmen and Presidential Appointees			
	<u>Full</u>	<u>Half</u>	<u>Full</u>	<u>Half</u>	<u>Full</u>	<u>Half</u>
<u>Meeting Days</u>						
Mon. to Fri.	788	394	550	275	364	182
Sat.-Sunday	394	197	275	138	182	91
<u>Travel Days</u>						
Mon. to Fri.	788	394	550	275	364	182
Sat.-Sunday	0	0	0	0	0	0

MEMBERSHIP COMMITTEE

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Bernard Dolansky, Chairman, Ottawa
Dr. Bill Rosebush, Vancouver
Dr. Sam Sgro, St. Léonard
Dr. Barry Dolman, Montréal

Coordinators: Mr. Joel R. Neal
Miss Linda Teteruck

1. Committee Structure

The Chairman advised the Committee that a structure had been proposed for the Membership Committee which would see it rolled into a steering committee on Communications as a sub-committee.

2. Committee Meetings

A meeting scheduled for May 7, 1990 was postponed pending developments in the areas of staffing and committee structure. However, the Committee conferred by telephone on May 11, 1990.

ITEMS REQUIRING BOARD ACTION

3. Sterilization Equipment Monitoring Program

Development of this new member service, providing dentists with access to a program whereby they can monitor the effectiveness of sterilizing equipment, is near completion.

The program, linked with the University of British Columbia medical science laboratories will provide 8-12 test samples for an estimated cost of \$80.00 per annum.

The test samples would be mailed to the dentist and returned by mail to the University of British Columbia for analysis. In the case of failure, the dentist would be notified by phone.

The University would administer all aspects of the program including collecting payment. The CDA would assist in marketing the program and would receive a small royalty to help defray any costs incurred in this regard.

UBC legal counsel has reviewed the proposal and CDA counsel will be asked to do the same. Given this clearance, the Committee would like to see the program launched soon, perhaps with an announcement in the next Communiqué.

RESOLVED:

- 90.65 **THAT CDA proceed with the implementation of the sterilization equipment monitoring program pending a review of the program details by legal counsel.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. Membership Statistics

The Committee reviewed the latest statistics for Ontario and Quebec noting membership in both provinces had declined again this year. Although the numbers are not final, the decline represents a short fall in budgeted revenue of approximately \$90,000.00.

APPENDIX I

Staff are analyzing the statistics, concentrating on the profile of the dentists who were members last year but who did not renew in 1990. This group will be targeted in future mailings.

As well, staff will utilize the results of the marketing survey being conducted currently by the Communication Steering Committee. This survey is concentrating on member attitudes on CDA programs and services. This information will be reviewed by the Communication Steering Committee so that we may address the concerns of those dentists who choose not to join CDA.

APPENDIX II

An "If not, Why not" questionnaire was sent to those dentists who chose not to join CDA this year. Appendix II is a summary of the responses that were received. This will provide staff and Committee a further basis for addressing the 1991 campaign. It is interesting to note that by far the largest category for not joining CDA are those who said they could not afford the membership fee. The Committee would welcome any Board comments or ideas on any of the data in Appendix II.

5. Affinity Credit Card

The success of the Affinity credit card program continues with over 943 cards now in circulation. Enhancements to the features of the card just announced are expected to generate new interest.

Concern was raised over the announcement that the QDSA had launched a similar program through the Laurentien Bank.

6. 1991 Membership Campaign

The 1991 membership campaign will again be a multi-faceted program incorporating the standard "paper" campaign but also including speeches, advertisements and the membership booth.

These efforts will be coordinated with provincial associations and as much as possible with the local societies through the two voluntary provinces.

The support of these groups is considered essential to the success of the campaign.

The "paper" campaign will begin with a mailing in mid-October. The focal point of the campaign will be the 1990 annual review.

The review will be packaged in a folder which will double as a brochure. This brochure would also be used for a second mailing in November with appropriate documentation added.

A third mailing would consist only of a reminder.

7. Proposed New Service - Membership Certificate

Members reviewed suggestions for a proposed membership certificate incorporating the CDA Charter of Rights. Revisions are expected to be made in time to launch the certificate in the fall of 1990 for the 1991 campaign. (see Appendix III)

APPENDIX III

8. Proposed New Service-Vehicle Leasing Program

Discussions held with representatives from two leasing companies proved neither company could meet all of CDA's needs; packages were good but incomplete. Two more companies will be investigated in the near future.

The Committee also agreed to wait to learn the full impact of the government's proposed Goods & Services Tax on the vehicle leasing industry before launching the program.

Respectfully submitted

Bernard Dolansky, B.A., D.D.S., M.Sc.
Membership Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Membership Committee.

APPENDIX I

Membership Statistics

As of May 31, 1990

QUEBEC	1990		1989		Percentage change	
	licensed	unlicensed	licensed	unlicensed	licensed	unlicensed
Active	884	0	994	8	-11.1%	-100.0%
Affiliate	357	1	524	7	-31.9%	-85.7%
Supporting	1	2	5	2	-80.0%	0.0%
Retired	0	20	3	17	-100.0%	17.6%
Students	34	5	46	4	-26.1%	25.0%
Life	69	68	71	68	-2.8%	0.0%
Sub-total	1345	96	1643	106	-18.1%	-9.4%
Non-members	1755	209	1491	179	17.7%	16.8%
Total	3100	305	3134	285	-1.1%	7.0%
Total Active & Licensed Life	953		1065		-10.5%	

ONTARIO	1990		1989		Percentage change	
	licensed	unlicensed	licensed	unlicensed	licensed	unlicensed
Active	2666	4	2751	12	-3.1%	-69.2%
Affiliate	38	1	44	0	-13.6%	ERR
Supporting	14	9	20	11	-30.0%	-18.2%
Retired	0	40	0	37	ERR	8.1%
Students	37	19	58	10	-36.2%	90.0%
Life	124	228	137	217	-9.5%	5.1%
Sub-total	2879	301	3010	288	-4.4%	4.5%
Non-members	2571	297	2472	242	4.0%	22.7%
Total	5450	598	5482	530	-0.6%	12.8%
Total Active & Licensed Life	2790		2888		-3.4%	

"IF NOT, WHY NOT?" RESPONSE SUMMARY

Reponse total = 148

Cannot afford membership fee - 69 or 46.6% of respondents

- Ten or 6.8% (of total responses) were from salaried dentists who would like special membership fee.

- Many recent graduates claimed they cannot afford fee, but only 2 (1.4% of total responses) suggested a special fee for first year(s) after graduation.

Retired, semi-retired or working part-time - 20 or 13.5% of respondents

Other association(s) meet needs adequately - 18 or 12.2% of respondents

Cost of membership not worth benefits - 8 or 5.4% of respondents

Not pleased with work of CDA - 8 or 5.4% of respondents

- Not pleased with CDA action on GST - 4 or 2.7% of respondents
- CDA not working hard enough to improve image of dentistry and relay costs involved - 1 or 0.7% of respondents
- Not substantially positive re: individual practice - 1 or 0.7% of respondents
- CDA action on general anaesthesia - 1 or 0.7% of respondents
- CDA giving in to insurance companies on EDI - 1 or 0.7% of respondents

Taking year off from membership - 7 or 4.7% of respondents

Living outside Canada - 6 or 4.1% of respondents

Language issue for French dentists - 5 or 3.4% of respondents

Illness - 5 or 3.4% of respondents

Changing Career - 2 or 1.4% of respondents

CANADIAN
DENTAL
ASSOCIATION



L'ASSOCIATION
DENTAIRE
CANADIENNE

APPENDIX III

This is to certify that

Dr. John Smith

is a member in good standing of the

Canadian Dental Association

and adheres to the following

Dental Patient Charter of Rights

whereby patients have the right to:

be examined and diagnosed by a licensed dentist,
an explanation of treatment alternatives and costs prior
to treatment,

receive treatment to the standards of the profession,

be treated in a safe and healthy environment,

be cared for by the dentist of their choice,

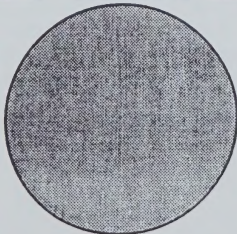
receive prompt emergency care

and

an avenue in which to express complaint.

Executive Director

President



COMMITTEE ON NOMINATIONS, AWARDS AND TRUSTS

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Jack W. Niedermayer, Chairman, Regina
Dr. Ron J. Markey, Vancouver
Dr. John R. Robertson, Summerside

Executive Liaison: Dr. Jack W. Niedermayer, Regina

Coordinator: Mrs. Sandra Deziel

COMMITTEE MEETINGS

The Committee met in Ottawa on May 4, 1990.

ITEMS REQUIRING BOARD ACTION

1. Elective Offices and Vacancies

Solicitation of nominations for elective offices and vacancies was conducted in accordance with the by-laws and terms of reference of the Committee.

2. All elective offices and vacancies for the 1990-91 term have been filled by eligible nominees, with the following exception: one vacancy remains on each of the Councils on Education and Accreditation and the Council on Constitution and By-Laws. The Council on Accreditation's nominations to the Council on Education and the Council on Accreditation will be named in the Fall. The Council on Education and the Council on Accreditation have been requested to provide a list of the staggered terms of their members immediately following their first meeting.

APPENDIX I

3. Elections are to be held during the Annual Meeting of the Board of Governors in Ottawa, Ontario, August 24-25, 1990.
4. The Call for Nominations, the nomination form and the list of nominees with biographical information are appended and comprise part of this report.

APPENDIX II

RESOLVED:

- 90.66 THAT one ballot be cast to elect those candidates to offices and vacancies where no opposition exists.

ADOPTED**ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION****5. Committees of Executive Council****APPENDIX III**

The Committee expressed concern that, in appointing Chairmen to CDA Councils and Committees, candidates should have CDA experience as well as knowledge of national affairs.

Terms of reference are to be reviewed annually by the Chairperson and Executive Liaisons.

The Committee reviewed the composition and structure of the newly-formed Communications Steering Committee. The Committee composition was discussed and concern expressed that Executive Council members were used to a greater extent than advisable from an effectiveness and financial viewpoint. It is therefore the recommendation of the Committee that Executive and Management members not be utilized as members of standing committees. The system of Executive Liaisons provides the necessary guidance and does not overly burden Executive members allowing them to pursue the leadership role for which they are responsible.

The Committee on Community and Institutional Dentistry, as requested by the Nominations, Awards & Trusts Committee will stagger the initial terms of members.

6. Honorary Membership**APPENDIX IV**

As quoted in the Terms of Reference, Honorary Membership is the highest award of the Association. Its purpose is to recognize individuals deemed to have made outstanding contributions to the art and science of dentistry, or to the dental profession, over a sustained period of time.

This award may be for service that is provincial, national or international in nature. It should not be viewed as an automatic award, following a great number of years of practice.

Letters soliciting nominees were forwarded on January 2, 1990, to the Presidents and CEOs of Corporate Members, Presidents, Specialty Sections and Executive Council members.

The Committee reviewed the definition of Honorary Membership and suggests the removal of the reference that no more than one Honorary Membership be conferred in any one year. The Committee agreed that the request for nominations for awards will be given a wider circulation to include Deans, Licensing Authorities, Specialty Societies and other dental organizations. The Committee will recommend to nominators that, in future, they not inform nominees they are being considered for CDA Awards.

Executive Council approved the recommendation that Honorary Membership in CDA be conferred on Dr. Ernest Ambrose of Saskatoon, Dr. Bradley Holmes of Kenora and Dr. Roderick Moran of Toronto.

APPENDIX V**7. Distinguished Service Award****APPENDIX VI**

Letters soliciting nominees were forwarded on January 2, 1990, to the Presidents and CEOs of Corporate Members, Presidents, Specialty Sections and Executive Council members.

This award may be given to a dentist or other person to recognize either an outstanding contribution in a given year, or outstanding service over a number of years. It may also recognize outstanding contributions to the dental profession at the corporate level, specialty society, council or committee level. An award each year shall not be considered a requirement.

Executive Council approved the recommendation that the Distinguished Service Award be granted to Dr. Louis Bernier of Sillery, Québec, Dr. Don MacFarlane of Vancouver and Dr. George Peacock of Saskatoon.

APPENDIX VII**8. Award of Merit**

The Committee reviewed the definition for the Award of Merit, and recommended the following amendment which was approved by Executive Council:

"This award will be conferred upon an individual who has served in an outstanding capacity in the governing of the Canadian Dental Association or similar outstanding contribution to Canadian Dentistry:

- at least 2 full terms as governor of the Association;
- at least 2 full terms on the Executive Council;
- a number of years of service to any dental organization or specialty sector;
- at least 4 years as a Council/Committee Chairman."

Executive Council granted the Award of Merit to: Mr. Ken Croft of Surrey, B.C., Dr. Bruno Martinello of Edmonton and Dr. Don Gutkin of Winnipeg.

APPENDIX VIII

Award recipients in the categories of Honorary Membership, Distinguished Service Award and Award of Merit will be recognized through the inclusion of their names on suitable plaques to be maintained in a prominent position at CDA Headquarters.

The Committee on Nominations, Awards and Trusts thanks the Corporate Bodies for submitting nominees and continues to recommend that the provincial bodies be encouraged to recognize outstanding service through provincial awards.

9. Special Friend of Canadian Dentistry Award

In 1989, Executive Council agreed that an appropriate plaque be designed in appreciation and thanks for friendship and assistance to the CDA.

Executive Council awarded the Special Friend of Canadian Dentistry Award to Mr. Burton Borgelt, President, Denstply International.

10. Corresponding Members

APPENDIX IX

The list of corresponding members is appended as information.

11. CDA President's Award

APPENDIX X

A list of 1989-90 recipients of the CDA President's Award is appended.

12. CEO's Candidacy - CDA Awards

APPENDIX XI

Provincial associations and licensing bodies have been canvassed for appropriate nominations for provincial CEOs.

The Committee also wishes to encourage provincial associations to consider corporate member personnel for appropriate nominations.

13. Volunteer Award of Canada

Information has been received that Health and Welfare Canada has awarded Dr. Arthur Wood the Honour Award awarded by the Canada Volunteer Award Committee. The Award will be presented to Dr. Wood on June 6 in Ottawa. Dr. Dolansky will represent CDA at the presentation of the award.

Respectfully submitted,

Jack W. Niedermayer, B.A., D.D.S.
Chairman, Committee on
Nominations, Awards & Trusts

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Nominations, Awards and Trusts.

NOMINATIONS - CDA ELECTIVE OFFICES - 1990

<u>OFFICE/INCUMBENT</u>	<u>COMMENT</u>	<u>ELIGIBILITY</u>	<u>TERM</u>	<u>NOMINEES/AFFILIATIONS</u>
<u>Chairman of the Board</u>				
Dr. N.A. Mancini	Annual Election	Active or Honorary Member	1 year	1. Dr. N.A. Mancini (Ont.)
<u>Vice-President</u>				
Dr. L.S. Allen (Man.)	Annual Election	Member of the CDA Board of Governors	1 year	1. Dr. B.H. Dolansky (Ont.)
<u>Executive Council</u>				
Dr. B.H. Dolansky (Ont.) 1990(1) Dr. R. Wenn (Atl.Prov.) 1990(1) Dr. R. Smith (B.C.) 1990	Annual Election to fill expired terms	Member of the CDA Board of Governors	2 years	1. Dr. J. Brookfield (Ont.) 2. Dr. R. Wenn (Atl.Prov.) 3. Dr. R. Smith (B.C.)
<u>Constitution and By-Laws</u>				
Dr. G.H. Peacock (Sask.) 1990 Dr. R.R. Schiewe (Ont.) 1990(1) Dr. M.J. Crompton (Atl.) 1990(2)	Annual Election	CDA Member with stipulations	3 years	1. Dr. R.R. Schiewe (Ont.) 3. Dr. G. Turner (Atl.)
<u>Council on Education</u>				
No incumbent	Annual Election to fill expired terms	CDA Member with stipulations	3 years	1. (Council on Accreditation)
<u>Council on Accreditation</u>				
No incumbent	Annual Election to fill expired terms	CDA Member with stipulations	3 years	1. Dr. R. Pass (Ont.) 2. (Ctee. on Dental Specialties) (Council on Accreditation)
<u>Committee on Ethics</u>				
Dr. B. Creaser (Atl.Prov.) 1990(1)	Annual Election to fill expired terms	CDA Member with stipulations	3 years	1. Dr. B. Creaser (Atl.Prov.)

APPENDIX I

BIOGRAPHICAL INFORMATION - Chairman of the Board

NAME: Nicholas A. Mancini

ADDRESS: (office) 280 Earton Street East
Hamilton, Ontario L8L 2X3
Tel. (416) 529-0041

DATE AND PLACE OF BIRTH: April 23, 1922, Hamilton, Ontario

PERSONAL: Married - Josephine, October 10, 1949
3 sons, Michael Gerard, Nicholas Anthony Jr., John Patrick

EDUCATION: Elementary - St. Ann's School, Hamilton
Secondary - Cathedral High School, Hamilton
E.A. (Chem., Physics, Biology) University of Toronto
D.D.S. - University of Buffalo

Memberships: Served on original Foundation Committee for the Hamilton
Theatre Auditorium Centre
Served on Hamilton Urban Renewal Committee
Served on Staff of Hamilton Civic Hospitals
Served (6 yrs.) Board of Governors of Hamilton Civic
hospitals
Served (1 yr) Board of Directors of Social Planning and
Research Council
Past Chairman of Canadian Catholic School Trustees
Assoc. (C.C.S.T.A.)
Past Chairman of Ontario Separate School Trustees Assoc.
(O.S.S.T.A.)
Presently on Board of Directors of O.S.T.C.
Dominion Council of health (3 yrs.)
Past Chairman of Hamilton-Wentworth Roman Catholic
Separate School Board
Presently School Trustee and Chairman of Education
Committee
Past President of Hamilton Academy of Dentistry
Member - Canadian Academy of Prosthodontists
Serving as Chairman of the Board - C.D.A.
Serving as Chairman of the Board - C.E.A.
Past Grand Knight - Knights of Columbus, Hamilton

AWARDS: Accorded Papal Honour (made a K.S.6) (Knighthood) Knight
of St. Gregory
Barnabus Day Award (C.D.A.)
CDA Honorary Membership

BIOGRAPHICAL INFORMATION - Vice-President

NAME: Bernard H. Dolansky

ADDRESS: 231 McLeod Street, Ottawa, Ontario K2P 0Z8

DATE AND PLACE OF BIRTH: March 2, 1945
Montréal, Québec

**POSITION/
PRACTICE:** General practice, Montréal 1970-1971
Endodontist specialty practice, Ottawa
1973 to present

**EDUCATION
& DEGREES:** Monklands High School, Montréal, Québec
McGill University, B.A. 1966
Université de Montréal, D.D.S. 1970
Northwestern University, Chicago, Illinois
M.Sc. Cert. Endo. 1973

EXPERIENCE: Director, CDSPI 1987-89
Member, CDA Executive Council 1988-90
Exec. liaison: Cttee. on Dent. Mat. & Devices,
Consumer Products Recog., Third Party Dental Plans
Chairman, CDA Membership Committee
Chairman, CDA EDI Sub-Committee
Member, ODA Management Committee 1985-88
President, O.D.A. 1986-87
Member, O.D.A. Executive Council 1981-88
Governor, CDA 1981-86 and 1986 to present
Chairman, ODA Continuing Education 1977-80
President, Ottawa Dental Society 1980-81
Member, Executive Ott. Dental Society 1974-88
Vice-President, Jewish Comm. Council, Ottawa, 1987-89
Chairman, Planning Priorities & Budget Committee
Jewish Community Council of Ottawa 1984-87
Treasurer, Jewish Community Council of Ottawa 1989
to present

ORGANIZATIONS: Ottawa Dental Society
Ontario Dental Association
Canadian Dental Association
American Association of Endodontists
Canadian Academy of Endodontics
Pierre Fauchard Academy
Member, Royal College of Dentists of Canada
Fellow, International College of Dentists

OTHER: Clinical Associate, University of Toronto, 1979-81
Lecturer, ODA Professional Development Program, 1981
to present
Lecturer at numerous conventions, meetings, etc.
Consultant in Endodontics, Children's Hospital of
Eastern Ontario 1978-79
Consultant in Endodontics, Ottawa Civic Hospital,
1981 to present

AWARDS: Research Fellowship, Medical Research Council of
Canada, 1971-73
Ontario Dental Association: Citation, Award of
Merit, Distinguished Service

BIOGRAPHICAL INFORMATION - Executive Council

NAME: James R. Brookfield

ADDRESS: 58 Government Road West
Kirkland, Lake, Ontario P2N 2E4

DATE OF BIRTH: March 12, 1947

PRACTICE: Private dental practice since 1971, Kirkland Lake.
Group practice with 5 dentists and 16 staff.

EDUCATION/
DEGREES: New Liskeard Secondary School
D.D.S. University of Toronto, 1971

EXPERIENCE: Canadian Dental Association:
Chairman, Ethics Committee 1988 to present
Governor 1985 to 1989, 1990 to present
Ontario Dental Association:
Honors & Awards Committee 1989 to present
President, 1987-88
Executive Council, 1979-1989
President, Northern Ontario Dental Association, 1980
Past-President, Kirkland & District Dental Society

ORGANIZATIONS: Canadian Dental Association
Ontario Dental Association
Member, Royal College of Dental Surgeons of Ontario

COMMUNITY
ACTIVITIES: Founding Chairman, Kirkland Lake Community Self Help
Committee on drug/alcohol abuse
United Church of Canada Member
Masonic Lodge Member
Past Board Member, Kirkland Lake Chamber of Commerce
Executive Rotary Club of Kirkland Lake for 6 years
(member 15 years)
Kinsmen Club of Kirkland Lake - Past Member
Kirkland Lake Blue Devil Hockey Club - Past
Secretary Treasurer (3 years)

FAMILY: Married to Jane, with 5 children

BIOGRAPHICAL INFORMATION - Executive Council

NAME: Raymond Douglas Wenn

ADDRESS: P.O. Box 1948, Charlottetown, P.E.I. C1A 7N5

DATE AND PLACE OF BIRTH: April 16, 1943
Charlottetown, P.E.I.

POSITION/
PRACTICE: Private Practice, General Dental Practice

EDUCATION
& DEGREES: Prince of Wales College, 1962
University of Prince Edward Island, 1971
Dalhousie University, D.D.S. 1975

EXPERIENCE: Executive Liaison: CDSPI 1989 to present, Ethics Committee 1987 to present, Student Affairs 1987-88, Publications 1987-88, Constitution & By-Laws 1987-88, Education & Accreditation 1988-89, Ad Hoc Committee on Infection Control 1988
Member, CDA Executive Council, 1987 to present
Governor, CDA Board 1986 to present
Dental Association of P.E.I.:
Secretary-Registrar - 1979-1984
President - 1984-85
Instructor, Holland College, Intra-oral dental assisting - 5 years
Council, Village of Cornwall, 10 years including 3 years as Chairman

ORGANIZATIONS: Dental Association of P.E.I.
Canadian Dental Association
Academy of Dentistry International
Pierre Fauchard Academy

FAMILY: Married, with three children

HOBBIES AND INTERESTS: Canoeing, skiing, fishing, squash, biking

BIOGRAPHICAL INFORMATION - Executive Council

NAME: Ronald G. Smith

ADDRESS: 208 - 435 Trunk Road, Duncan, B.C. V9L 2P5

DATE AND PLACE OF BIRTH: Gladstone, Manitoba - August 1, 1948

POSITION/
PRACTICE: Private Practice, General Dentistry

EDUCATION: B.Sc. - University of Alberta, 1972
D.D.S. - University of Alberta, 1974

EXPERIENCE: Governor, CDA Board 1987 to present
Member, CDA Executive Council, 1989 to present

ORGANIZATIONS: College of Dental Surgeons of B.C.
Fellow of International College of Dentists

OTHER: Past-President, College of Dental Surgeons of B.C.

FAMILY: Wife - Mary-Kae
Son - Adam, born 1976
Daughter - Carla, born 1979

HOBBIES AND INTERESTS: Coaching minor hockey
Sailing
Skiing

BIOGRAPHICAL INFORMATION - Council on Constitution and By-Laws

NAME: Robert R. Schiewe

ADDRESS: 536 River Street, Thunder Bay, Ontario P7H 3S2

DATE AND PLACE OF BIRTH: September 16, 1939
Fortwilliam, Ontario

**POSITION/
PRACTICE:** Private Practice General Dentistry
Thunder Bay, Ontario

**EDUCATION
& DEGREES:** Faculty of Dentistry, University of Toronto
D.D.S., B.Sc. Dentistry (Anesthesiology)

EXPERIENCE: Graduated University of Toronto, 1963
Teaching Fellowship, University of Manitoba,
1963-64
Private Practice, 1964-66
Graduate School University of Toronto 1966-67
Private Practice, Thunder Bay 1967 to present

ORGANIZATIONS: Member, Thunder Bay Dental Association
Member, Ontario Dental Association
Member, Canadian Dental Association
Past-President, Ontario Dental Association
Past-President, Thunder Bay Dental Association
Past Board Member, Canadian Dental Association
Presently Member of Board of CDSPI

AWARDS: ODA Award of Merit
ODA Past-President

BIOGRAPHICAL INFORMATION - Council on Constitution and By-Laws

NAME: Gerald Turner

ADDRESS: 4 Yorke Street, Glace Bay, Nova Scotia B1A 2L9

DATE AND PLACE OF BIRTH: March 26, 1937
Glace Bay, Nova Scotia

EDUCATION: Dalhousie University School of Dentistry, 1960

POSITION/
PRACTICE: Private practice in Glace Bay, N.S.

EXPERIENCE: Cape Breton Island Dental Society:
President, 1974
Glace Bay Schools and Parents Association:
Past President
Glace Bay Community Hospital:
Member, Medical Advisory Committee
Member, Medical Staff
Glace Bay General Hospital:
Member, Medical Staff
Nova Scotia Dental Association:
President, 1982-83
Nova Scotia Speech Communication Association:
Member, Legislative Council
CDA Council on Ethics 1984-87

ORGANIZATIONS: Nova Scotia Dental Association
Canadian Dental Association

BIOGRAPHICAL INFORMATION - Council on Accreditation

NAME: Richard Pass

ADDRESS: 566 Brant Street, Burlington, Ontario L7R 2G8

DATE AND PLACE
OF BIRTH: May 1941
Ottawa, Ontario

POSITION/
PRACTICE: Private orthodontic practice, Burlington, Ont.
1970 to present

EDUCATION: Carleton University, B.A., 1962
University of Toronto, D.D.S., 1966
University of Toronto, Grad. Dipl. Ortho. 1970

EXPERIENCE: Private practice in Ottawa, limited to children
1966 to 1968

ORGANIZATIONS: Member, B'Nai Brith, 1972 -
- Man of the Year Award 1978-79
Past President, Canyon Lodge
Past President, Toronto Orthodontic Study Club,
1979-80
Chairman, Insurance Cttee, Ontario Association of
Orthodontists
Past President, Canadian Association of
Orthodontists, 1988-89
Member, Council of Health for the Great Lakes
Association of Orthodontists
Member, Dental Specialties Committee, Canadian
Dental Association, 1988 to present
Chairman, Insurance Committee, Canadian Association
of Orthodontists
Rotarian, 1988 -

FAMILY: Married to Joy, with five children

INTERESTS: Sailing, skiing, jogging and tennis

BIOGRAPHICAL INFORMATION - Committee on Ethics

NAME: Blake Creaser

ADDRESS: P.O. Box 130, New Germany, Nova Scotia B0R 1E0

DATE AND PLACE
OF BIRTH: June 22, 1951
Bridgewater, Nova Scotia

PRACTICE: Private Practice, General Dentistry

EDUCATION: West Kings High School
Dalhousie University

DEGREES: D.D.S. Dalhousie University, 1976

EXPERIENCE: General Practice (New Germany) 1976 to present
Consulting Staff: South Shore Regional Hospital
Past Secretary/Treasurer: South Shore Dental
Society
Past President: Family & Children's Services of
Lunenburg County
Past Chairman & present member: Nova Scotia Dental
Association - Professional Development Committee
Canadian Dental Association, Committee on Ethics
1987 to present

ORGANIZATIONS: Nova Scotia Dental Association
Canadian Dental Association
International Association of Orthodontics
Phi Kappa Pi

AWARDS: Silver D Award - Continuing Ed. in Dentistry
Dalhousie University



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

M E M O R A N D U M

March 6, 1990

TO: Members of the Board of Governors
Presidents and CEO's - Corporate Members
CDA Council/Committee Chairmen
Presidents and Secretaries of Specialty Sections
ACFD - NDEB - RCD(C)
Provincial Registrars
Presidents - CDHA - CDAA
Canadian Hospital Association

FROM: Dr. Jack W. Niedermayer, Chairman
Committee on Nominations, Awards & Trusts

SUBJECT: CDA NOMINATIONS 1990

-
1. Elections of officers and council/committee personnel for the 1990-91 term will take place during the 1990 Annual Meeting of the Board of Governors in Ottawa, August 24-25, 1990.
 2. Except in the case of nominations to the Committee on Nominations, Awards and Trusts itself, nominations from the floor during the Annual Meeting will not be valid unless vacancies are created by withdrawals from the list of nominations as presented by the Committee on Nominations, Awards and Trusts. The Board may then make further nominations from the floor.
 3. It is the duty of the Committee on Nominations, Awards and Trusts to:
 - (a) prepare a list of all elective offices to be filled;
 - (b) solicit nominations, excluding those for the Committee on Nominations, Awards and Trusts;
 - (c) rule on eligibility;
 - (d) make further nominations as necessary, or as the Committee sees fit;
 - (e) submit a report to the Annual Meeting.

4. Nominations must be received before April 24, 1990.
5. Those entitled to make nominations are:

Members of the CDA Board of Governors
CDA Council/Committee Chairmen
Presidents or Secretaries of Corporate Members
Presidents or Secretaries of Specialty Sections
6. Nominees to the Council on Education will include recommendations of the:

Canadian Dental Association
Association of Canadian Faculties of Dentistry
National Dental Examining Board of Canada
Royal College of Dentists of Canada
Provincial Dental Licensing Authorities
Council on Accreditation
7. Appointments to the Council on Accreditation will include submissions of the:

Canadian Dental Association
Association of Canadian Faculties of Dentistry
National Dental Examining Board
Provincial Dental Licensing Authorities
Royal College of Dentists of Canada
Canadian Dental Assistants' Association
Canadian Dental Hygienists' Association
Council on Accreditation
8. Nominations to the Committee on Community and Institutional Dentistry includes a recommendation from the Canadian Hospital Association.
9. All nominations must be accompanied by:
 - (a) Written consent of the nominee.
 - (b) A completed conflict of interest statement by the nominee.

Failure to comply with these two requirements will nullify the nominations.
10. Except for Executive Council (as otherwise indicated), election to Councils/Committees is for a term of three years, renewable once. Members of the Councils/Committees must be Active, Affiliate, or Student Members of the Canadian Dental Association if they meet membership requirements; those who do not are exempt from the membership requirements. Affiliate members are not eligible

for nomination for election to the Executive Council. Student members are not eligible for nomination for election to the Executive Council.

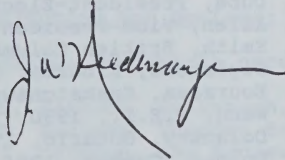
Nominations are not required for the Council on Insurance and Investment for reasons outlined in the following pages.

11. Nominations should be accompanied by a brief biographical sketch (one page only) of the nominee attached to the nomination form. Please use the form provided limiting your submission to one page. (A sample is included for your information).

PLEASE FORWARD YOUR NOMINATION(S),
WRITTEN CONSENT OF THE NOMINEE'S
WILLINGNESS TO STAND FOR OFFICE
AND A BRIEF BIOGRAPHICAL SKETCH
OF EACH NOMINEE TO:

Dr. Jack W. Niedermayer, Chairman
Committee on Nominations, Awards and Trusts
Canadian Dental Association
1815 Alta Vista Drive
OTTAWA, Ontario K1G 3Y6

DEADLINE: April 24, 1990



c.c.: Members, Committee on Nominations, Awards and Trusts
CDA Directors
Information Officer

/msg

**NOMINATIONS
1990**

I. Vice-President

Term: 1 year
Eligibility: Member of the Board of Governors
Incumbent: L. Allen, Winnipeg

1. _____

II. Chairman of the Board

Term: Elected annually
Eligibility: Active or Honorary Member (may hold no other elective office during his tenure as Chairman)
Incumbent: N.A. Mancini, Hamilton
Eligible for re-election

1. _____

III. Executive Council - 10 members

Term: 2 years: renewable twice
Eligibility: Member of the Board of Governors
Incumbents: J.W. Niedermayer, Past-President
K.L. Roach, President
G. Dubé, President-Elect
L. Allen, Vice-President
R. Smith, British Columbia, 1990
B. Sigfstead, Alberta, 1991 (2)
F. Bourassa, Saskatchewan, 1991 (1)
R. Wenn, P.E.I., 1990 (1)
B. Dolansky, Ontario, 1990 (1)
B. Dolman, Québec, 1991 (1)

Summary:

The Executive Council shall consist of the President, Immediate Past-President, President-Elect, Vice-President and six additional members. The Vice-President and six additional members shall be elected by the Board of Governors from its membership. The province from which a member is licensed and in which he practices the majority of his dental procedures or administration at the date of the Annual Meeting shall determine the province from which the candidate has been drawn. The six additional members shall consist of one each from the following regions:

- (a) Province of British Columbia
- (b) Province of Alberta
- (c) Provinces of Saskatchewan - Manitoba
- (d) Province of Ontario
- (e) Province of Québec
- (f) Provinces of New Brunswick, Nova Scotia, P.E.I. and Newfoundland.

Dr. Jack W. Niedermayer is retiring as Past-President. Dr. R. Wenn and Dr. B. Dolansky are completing their first terms on Executive Council and are eligible for re-election.

Dr. R. Smith was appointed to fill the unexpired term of Dr. D. MacFarlane, and a nomination is required.

If an incumbent in his non-elective year is elected Vice-President, the uncompleted term will be filled by presidential appointment.

- 3 to be elected:
- 1. _____ Ontario
 - 2. _____ Atlantic Provinces
 - 3. _____ B.C.

IV. Council on Constitution and By-Laws: 4 members

Term: 3 years: renewable once

Incumbents: G.H. Peacock, Saskatoon, 1988 (2) Chairman 1990
R.R. Schiewe, Thunder Bay, 1990 (1)
M.J. Cipton, New Brunswick, 1990 (2)
J. Silver, British Columbia, 1992 (1)

Summary:

Dr. G.H. Peacock was reappointed Chairman in 1989 for an additional 1 year. Dr. R.R. Schiewe will complete his first term and is eligible for re-election. Dr. M.J. Cipton will complete his second term and a nomination is required.

- 3 to be elected:
- 1. _____
 - 2. _____
 - 3. _____

V. Council on Education: 11 persons

Term: 3 years: renewable once

Incumbents: Dr. G. Thompson (Alb.) (CDA) 1992 (1)
Dr. J. Epstein (B.C.) (CDA HOSP) 1992 (1)
Dr. H. Lyttle (Man.) (ACFD) 1992 (1)
Dr. J. Eisner (N.S.) (ACFD) 1992 (1)
Dr. M. Boyd (B.C.) (ACFD) 1992 (1)
Ms. M. Forgay (N.S.) (ACFD/DENT.HYG) 1992 (1)
Ms. M. Symmes (Alta.) (ACFD/DENT.ASST) 1992 (1)
Dr. R.C. Baker (Man.) (NDEB) 1992 (1)
Dr. D. Bonang (N.S.) (LIC.AUTH) 1992 (1)
Dr. J. Main (Ont.) (RCDC) 1992 (1)

Summary:

In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person nominated by the Canadian Dental Association.
- (2) One person who is active in Hospital and/or Institutional Dentistry nominated by the Canadian Dental Association.
- (3) Three persons from nominations by the Association of Canadian Faculties of Dentistry.
- (4) One person, being a dental hygienist, from nominations of the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section.
- (5) One person, being a dental assistant, from nominations of the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section.
- (6) One person from nominations by the National Dental Examining Board of Canada.
- (7) One person from nominations of the Provincial Dental Licensing Authorities.
- (8) One person from nominations of the Royal College of Dentists of Canada.
- (9) One lay person from nominations of the Council on Accreditation.

1 to be elected:

1. _____ Council on Accreditation
(Lay Representative)

VI. Council on Accreditation: 14 members

Term: 3 years: renewable once

Incumbents: Dr. A. Schwartz (Qué.) (CDA) 1992(1)
Dr. D.J. Murphy, (N.S.) (CDA HOSP. & INST.
DENT.) 1992(1)
Dr. H. Dick (Alta.) (ACFD) 1992(1)
Dr. D. Robert (Qué.) (ACFD) 1992(1)
Dr. R. Brooke (Ont.) (ACFD/DEANS) 1992(1)
Ms. S. Sunell (B.C.) (ACFD/AUXIL.) 1992(1)
Dr. K. Bentley (Qué.) (NDEB) 1992(1)
Dr. P.A. Watson (Ont.) (NDEB) 1992(1)
Dr. J.G. Thompson (N.B.) (LIC.AUTH.) 1992(1)
Dr. M. Lasko (Man.) (LIC.AUTH.) 1992(1)
Dr. G. Maranda (Qué.) (RCDC) 1992(1)
Mrs. M. Paquin (B.C.) 1992(1)
Ms. M. Forgay (N.S.) (CDHA) 1992(1)

Summary:

In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person appointed by the Canadian Dental Association
- (2) One person who is active in Hospital and or Institutional Dentistry appointed by the Canadian Dental Association
- (3) Three persons appointed by the Association of Canadian Faculties of Dentistry, one of which shall be a representative of the Committee of Deans
- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section
- (5) Two persons appointed by the National Dental Examining Board
- (6) Two persons appointed by the Provincial Dental Licensing Authorities
- (7) One person appointed by the Royal College of Dentists of Canada
- (8) One person appointed by the Canadian Dental Assistants' Association
- (9) One person appointed by the Canadian Dental Hygienists' Association
- (10) A lay person appointed by the Council on Accreditation

Mrs. Marlane Paquin was appointed to replace Mrs. Gaylene Smith as the C.D.A.A. representative.

1 to be elected:

1. _____ Council on Accreditation
(Lay Representative)

VII. Committee on Ethics: 5 members

Term: 3 years: renewable once

Incumbents: J. Brookfield, Kirkland Lake, 1991 (1) Chairman
B. Creaser, New Germany, 1990 (1)
B.G. Saik, Calgary, 1991 (2)
B.N. Rocky, Vancouver, 1992 (2)
Col. M. Deyette, Ottawa, 1992 (1)

Summary:

Col. M. Deyette is a presidential appointment to the Committee to fill the vacancy created by Dr. Lasko completing his second term in 1989.

Dr. B. Creaser is completing his first term and is eligible for re-election.

1 to be elected: 1. _____

VIII. Information Services Committee: 5 members

Term: 3 years: renewable once

Incumbents: P. O'Brien, Atlantic Provinces, 1990 (1) Chairman
G.M. Ritson-Bennett, Prairie Provinces, 1990 (1)
A. Maplethorpe, B.C. 1992 (1)
S. Sgro, Québec, 1992 (1)
W. Hettenhausen, Ontario, 1990 (1)

Summary:

The Information Services Committee shall consist of five members representative of the Atlantic Provinces, Québec, Ontario, the Prairie Provinces and British Columbia.

Drs. P. O'Brien, G.M. Ritson-Bennett and W. Hettenhausen are completing their first term; and are eligible for re-election.

- 3 to be elected: 1. _____ Atlantic
Provinces
2. _____ Prairie
Provinces
3. _____ Ontario

IX. Council on Insurance and Investment

The Canadian Dental Association has delegated to the Canadian Dental Service Plans Inc. the function of the Council on Insurance and Investment as a result of an agreement between the two organizations. This agreement is to be reviewed annually by the Board of Governors of the Canadian Dental Association and the Canadian Dental Services Plans Inc.

None to be elected

X. Committee on Community and Institutional Dentistry: 8 members

Term: 3 years: renewable once

Incumbents: Dr. E. Schroeter (N.B.) (G.P.)
Dr. W. Steggles (Ont.) (G.P.)
Dr. J. Gryfe (Ont.) (O. & M. SURG.)
Dr. N. Farrell (Ont.) (PUBLIC HEALTH)
Dr. G. Smith (Nfld.) (PEDIATRIC)
Mrs. C. Worobey (Ont.) (DENT. AUX.)
Dr. J. Jackman (CDN. HOSP ASSOC)
Dr. J. Hardie (Ont.) (OR. BIOL./PATHO.)

Summary:

The Committee on Community and Institutional Dentistry shall reflect in its composition, representation of the major geographic regions of Canada, and will comprise 2 general dental practitioners, 1 oral and maxillofacial surgeon, 1 oral pathologist/oral biologist, 1 representative of public health dentistry, 1 representative of pediatric dentistry, 1 representative of dental auxiliaries, and 1 representative of the Canadian Hospital Association.

Dr. Jennifer Jackman is a presidential appointment as the representative from the Canadian Hospital Association.

NOTE: The terms of the members are to be staggered and the Committee has been requested to address this matter.

None to be elected

XI. Committee on Nominations, Awards and Trusts: 4 members

Term: 3 years

Incumbents: J.W. Niedermayer, Regina, 1993 Chairman
R.J. Markey, Vancouver, 1992
J.R. Robertson, Summerside, 1991

Summary:

The Committee on Nominations, Awards and Trusts shall consist of three members elected by the Board at its Annual Meeting, pursuant to Article X, Section 6 of the By-laws, together with the Vice-President who acts as Chairman. The membership should be geographically representative of the Association and shall include one or more Past-Presidents.

1990-02-23

/msg

NOMINATION FORM - CDA

One form must be completed for each candidate. Candidates must be eligible to assume office if elected (see conflict of interest by-law on reverse of this form, and specific regional or other stipulations for nominations on the attached memorandum).

PLEASE CHECK OR COMPLETE ONE OF THE FOLLOWING:

Nomination for: Chairman of the Board _____
Vice-President _____
Executive Council _____
Council/Committee on _____

***NOTE:** Affiliate members are not eligible for nomination to the Executive Council.
Student members are not eligible for nominations to the Executive Council.

PLEASE PRINT OR TYPE THE FOLLOWING:

Candidate's Name _____

Candidate's Address _____

Postal Code _____

A brief biographical sketch must be attached to nominations.

IN ACCORDANCE WITH THE STIPULATIONS OF THE CONSTITUTION AS TO REGIONAL OR OTHER REPRESENTATION, AND, AS TO MY ENTITLEMENT TO MAKE NOMINATIONS, I PROPOSE THE ABOVE CANDIDATE FOR NOMINATION.

PLEASE PRINT OR TYPE THE FOLLOWING:

Nominator _____ Office/Position _____

Signature _____

****NOTE:** Please notify the candidate's provincial association identifying the candidate and the office, council or committee to which he/she has been nominated.

ACCORDING TO ARTICLE XXI SECTION I OF THE CONSTITUTION, THE FOLLOWING APPLIES:

- (a) Every member of the Board of Governors of the Association who has directly or indirectly any interest in any contract or transaction or in any business or undertaking which provides dental supplies or services of any kind to the dental profession, shall declare his material interest in the foregoing. He then will absent himself from discussion and voting on such contract or transaction.
- (b) If a Governor has made a declaration in compliance with the above provisions and he has not voted in respect of the contract or transaction, and if he has acted honestly and in good faith, he is not accountable to the Association for any profit or gain realized and the contract or transaction is not voided.
- (c) The above provisions apply automatically to the members of the various Committees, and Councils of the Association, including the Executive Council. Each Board and/or Council or Committee member in order to make sufficient disclosure, is required to do so not only to his Council, etc., members but also to the Board of Governors in writing.
- (d) All nominees for election or appointment to Councils or Committees of the Association, including the Executive Council shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.
- (e) That, of itself, being a trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Services Plans Incorporated shall not constitute a conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.
- (f) A conflict of interest shall exist where a member of the Board of the CDA or any of its Councils and Committees is privy to information that could be construed to be confidential and of benefit to that individual or any organization with which he may be associated. In such situations such a member shall be required to give an undertaking that such information be kept confidential.
- (g) The Board shall be the final authority on any disputed conflict of interest.

ARTICLE XXI SECTION I OF THE CONSTITUTION APPEARS ON PAGE TWO OF THIS NOMINATION FORM. THIS ARTICLE DEALS WITH POSSIBLE POTENTIAL CONFLICTS OF INTEREST.

NOMINEE WILL PLEASE INITIAL ONE OF THE FOLLOWING:

- (a) I have no known possible potential conflict of interest _____
- (b) I have a possible conflict of interest if (b) please _____
explain potential conflict on the reverse of this form.

I agree to permit my nomination and qualify by Active _____
Affiliate _____ Student _____ Membership in the CDA _____

Membership in _____ (Corporate Member)

I agree to permit my nomination; I am not eligible for membership in CDA in the above categories _____

NAME OF ORGANIZATION RECOMMENDING THIS NOMINATION _____

SIGNATURE OF NOMINEE _____

PLEASE INDICATE BELOW ANY POSSIBLE POTENTIAL CONFLICT OF INTEREST:

Return this completed form by April 24, 1990, to:

Dr. Jack W. Niedermayer, Chairman
Committee on Nominations, Awards and Trusts
Canadian Dental Association
1815 Alta Vista Drive
OTTAWA, Ontario
K1G 3Y6



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

N O T E

le 6 mars 1990

- AUX:** Membres du Bureau des gouverneurs
Présidents et directeurs généraux des corporations membres
Présidents des conseils et comités de l'ADC
Présidents et secrétaires des sections spécialisées
Association des Facultés de médecine dentaire du Canada
Bureau national d'examen des dentistes du Canada
Collège royal des dentistes du Canada
Registraires provinciaux
Présidents - ACHD - ACAD
Association des hôpitaux du Canada
- DE:** Docteur Jack W. Niedermayer, président
Comité des candidatures, des distinctions et des fondations
- OBJET:** CANDIDATURES AUX POSTES DE L'ADC POUR 1990
-

1. L'élection des dirigeants et des membres des conseils et des comités pour l'exercice 1990-91 se déroulera lors de l'assemblée annuelle du Bureau des gouverneurs qui aura lieu les 24-25 août, à Ottawa.
2. Sauf pour les nominations au Comité des candidatures, des distinctions et des fondations lui-même, aucune candidature ne peut être présentée directement au cours de l'assemblée annuelle, à moins qu'il s'agisse de combler une vacance créée par le retrait d'un candidat qui avait été inscrit sur la liste du Comité des candidatures, des distinctions et des fondations. Le Bureau acceptera alors les candidatures mises de l'avant par les participants.

.../2

3. Il incombe au Comité des candidatures, des distinctions et des fondations:
 - (a) de préparer la liste de tous les postes électifs à combler;
 - (b) de solliciter les candidatures, sauf au Comité des candidatures, des distinctions et des fondations;
 - (c) de décider de l'éligibilité des candidats;
 - (d) d'appeler d'autres candidats, au besoin ou s'il juge opportun de le faire;
 - (e) de faire rapport à l'assemblée annuelle.
4. Les candidatures doivent être reçues avant le 24 avril 1990.
5. Ont le droit de présenter des candidats:
 - les membres du Bureau des gouverneurs de l'ADC,
 - les présidents des conseils et comités de l'ADC,
 - les présidents ou secrétaires des corporations membres,
 - les présidents ou secrétaires des sections spécialisées.
6. Les candidatures au Conseil de l'éducation doivent être recommandées par:
 - l'Association dentaire canadienne,
 - l'Association des facultés dentaires du Canada,
 - le Bureau national d'examen dentaire du Canada,
 - le Collège royal des dentistes du Canada,
 - les organismes de réglementation provinciaux,
 - le Conseil de l'agrément.
7. Les nominations au Conseil de l'agrément doivent inclure les recommandations de:
 - l'Association dentaire canadienne
 - l'Association des facultés dentaires du Canada,
 - le Bureau national d'examen dentaire du Canada,
 - les organismes de réglementation provinciaux,
 - le Collège royal des dentistes du Canada,
 - l'Association canadienne des assistantes,
 - l'Association canadienne des hygiénistes,
 - le Conseil de l'agrément.
8. Les nominations au comité de la dentisterie communautaire et institutionnelle incluent les recommandations de l'Association des hôpitaux du Canada.

9. Toute candidature doit être assortie des documents suivants:

- (a) l'acceptation par écrit du candidat;
- (b) la déclaration du candidat concernant le conflit d'intérêt.

Le manquement à ces deux conditions entraîne l'annulation de la candidature.

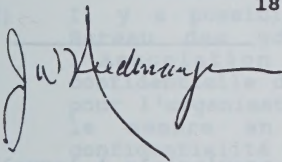
10. Sauf pour le Conseil exécutif (et à moins d'indication contraire), les membres des conseils et comités sont élus pour un mandat de trois ans, renouvelable une seule fois. Ils doivent être membres actifs, affiliés, ou étudiants de l'Association dentaire canadienne si ils rencontrent les critères; ceux qui ne peuvent rencontrer ces critères sont exemptés. Les membres affiliés ne sont pas éligibles au Conseil exécutif. Les membres étudiants ne sont pas éligibles au Conseil exécutif.

Aucune candidature n'est requise pour le Conseil des assurances et des placements pour les raisons indiquées dans les pages qui suivent.

11. Il faut joindre au formulaire de mise en candidature une brève note biographique du candidat. Les candidatures doivent s'accompagner d'une notice biographique qu'on joindra au formulaire de mise en candidature. Veuillez vous servir de ce formulaire, limitant ainsi votre présentation à une seule page (voir l'exemple ci-joint).

Veuillez envoyer votre ou vos candidatures,
l'acceptation par écrit,
la déclaration sur le conflit d'intérêt
et la note biographique de chaque candidat au:

Docteur Jack W. Niedermayer, président
Comité des candidatures, des distinctions et des fondations
l'Association dentaire canadienne
1815, Promenade Alta Vista
Ottawa (Ontario)
K1G 3Y6



AVANT LE 24 AVRIL 1990

c.c. Membres, Comité des candidatures, des distinctions et
des fondations
Directeurs de l'ADC
Agente d'information

/msg

**MISE EN CANDIDATURE
L'ASSOCIATION DENTAIRE CANADIENNE**

Veuillez ne présenter qu'une candidature par formulaire. Tout candidat doit être éligible au poste indiqué (voir le règlement concernant les conflits d'intérêt au verso du formulaire, ainsi que les conditions régionales ou autres de mise en candidature sur la note ci-jointe).

VEUILLEZ INDIQUER UN CROCHET SEULEMENT:

Nomination au
poste de:

Président du Bureau _____
Vice-Président _____
Conseil exécutif _____
Conseil/comité(nom) _____

*NOTA: Les membres affiliés ne sont pas éligibles au Conseil exécutif.
Les membres étudiants ne sont pas éligibles au Conseil exécutif.

VEUILLEZ DACTYLOGRAPHIER OU ECRIRE EN LETTRES MOULEES.

Nom du candidat _____

Adresse du candidat _____

code postal _____

Les candidatures doivent s'accompagner d'une notice biographique.

CONFORMÉMENT AUX DISPOSITIONS DES STATUTS ET REGLEMENTS CONCERNANT LA REPRÉSENTATION RÉGIONALE OU AUTRE ET ÉTANT MOI-MEME AUTORISÉ A PRÉSENTER DES CANDIDATURES, JE PROPOSE LA MISE EN CANDIDATURE DE LA PERSONNE.

VEUILLEZ DACTYLOGRAPHIER OU ÉCRIRE EN LETTRE MOULÉES.

Présenteur _____ Poste _____

Signature _____

****NOTA:** Veuillez informer l'organisation provinciale à laquelle le candidat appartient en lui indiquant le nom de ce dernier ainsi que le poste à combler.

L'ARTICLE XXI, PARAGRAPHE I, DES STATUTS ET REGLEMENTS SPECIFIE CE QUI SUIT:

- a) Les membres du Bureau des gouverneurs doivent déclarer tous les intérêts qu'il détiennent directement ou indirectement dans une entreprise qui fournit du matériel ou des services à la profession, quelle qu'en soit la nature, ainsi que tout intérêt se rapportant à un contrat, à une transaction concernant la fourniture dudit matériel ou la prestation desdits services. Le cas échéant, ils doivent s'abstenir de participer à la discussion et au vote concernant ledit contrat ou ladite transaction.
- b) Lorsqu'il a fait la déclaration prévue ci-dessus et s'est abstenu de participer au vote concernant le contrat ou la transaction en question et s'il a agi en toute honnêteté et bonne foi, un gouverneur n'a pas à répondre devant l'Association des gains ou des profits qu'il peut avoir réalisés, et ledit contrat ou ladite transaction n'est pas annulé.
- c) Les dispositions ci-dessus s'appliquent automatiquement aux membres des divers conseils et comités de l'Association, y compris le Conseil exécutif. Pour que leur déclaration soit valable, les gouverneurs et les membres des conseils et comités doivent la présenter par écrit non seulement à leur conseil ou comité respectif, mais également au Bureau des gouverneurs.
- d) Tout candidat pouvant être élu ou nommé à un conseil ou à un comité de l'Association, y compris le Conseil exécutif, doit déclarer, dès sa mise en candidature, sur le formulaire à cet effet, toute possibilité de conflit d'intérêt, et le Bureau des gouverneurs doit en être informé avant la tenue des élections.
- e) Le fait d'être fiduciaire d'un régime d'assurance ou de placements administré par l'Association ou de représenter celle-ci au conseil d'administration du Canadian Dental Service Plans Incorporated ne constitue pas un conflit d'intérêt pour les membres du Conseil exécutif ou ceux qui y sont candidats.
- f) Il y a possibilité de conflit d'intérêt lorsqu'un membre du Bureau des gouverneurs, des conseils ou des comités de l'Association a accès secrètement à de l'information confidentielle dont il pourrait tirer avantage pour lui-même ou pour l'organisation à laquelle il est associé. Le cas échéant, le membre en question doit promettre de respecter la confidentialité de l'information.
- g) La décision du Bureau des gouverneurs sur toute question concernant le conflit d'intérêt est sans appel.

LE PREMIER PARAGRAPHE DE L'ARTICLE XXI DES STATUTS ET REGLEMENTS
TRAITE DES POSSIBILITÉS DE CONFLIT D'INTÉRÊT ÉVENTUEL ET PARAÎT
SUR LA DEUXIEME PAGE DU FORMULAIRE DE MISE EN CANDIDATURE.

LES CANDIDATS SONT PRIÉS D'APPOSER LEURS INITIALES A L'UN DES
ÉNONCÉS SUIVANTS:

- (a) Je ne connais pas de possibilités de _____
conflit d'intérêt.
- (b) J'ai des possibilités de conflit
d'intérêt. Si vous apposez vos initiales _____
à l'énoncé b), veuillez donner les
explications appropriées au verso du
formulaire.

Je permets ma mise en candidature et j'en ai la qualité en tant
que membre actif _____, affilié, _____ ou étudiant
_____.

Je suis membre de _____
(corporation membre)

Je permets ma mise en candidature; je ne peux rencontrer les
critères de membre ci-haut mentionnés de l'ADC _____.

NOM DE L'ORGANISATION RECOMMANDANT LA CANDIDATURE

SIGNATURE DU CANDIDAT _____

.....

VEUILLEZ INDIQUER CI-DESSOUS TOUTE POSSIBILITE DE CONFLIT D'INTERET.

Veillez envoyer au:

Docteur Jack W. Niedermayer, président
Comité des candidatures, des distinctions et des fondations
l'Association dentaire canadienne
1815, Promenade Alta Vista
Ottawa (Ontario)
K1G 3Y6

AVANT LE 24 AVRIL 1990



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FAX #: (613) 523-7736

M E M O R A N D U M

April 25, 1990

TO: Members of the Board of Governors
Presidents and CEO's - Corporate Members
CDA Council/Committee Chairmen
Presidents and Secretaries of Specialty
Sections
ACFD - NDEB - RCD(C)
Provincial Registrars
Presidents - CDHA - CDAA
Canadian Hospital Association

FROM: Dr. Jack W. Niedermayer, Chairman
Committee on Nominations, Awards & Trusts

SUBJECT: ADDENDUM - CDA NOMINATIONS 1990

Following my memorandum of March 6, 1990, the Board of Governors at its Interim Meeting in March adopted resolutions which affected the nominations for 1990.

As indicated during the presentation of the Nominations Committee report, since the Committee on Information Services has been disbanded effective at the 1990 Annual Meeting, no nominations are required for that Committee.

The Board of Governors approved an amendment to the representation on the Council on Accreditation. The call for nominations is amended as per the attached.

Attach.

/sfb

VI. Council on Accreditation: 15 members

Term: 3 years: renewable once

Incumbents: Dr. A. Schwartz (Qué.) (CDA) 1992(1)
Dr. D.J. Murphy, (N.S.) (CDA HOSP. & INST.
DENT.) 1992(1)
Dr. H. Dick (Alta.) (ACFD) 1992(1)
Dr. D. Robert (Qué.) (ACFD) 1992(1)
Dr. R. Brooke (Ont.) (ACFD/DEANS) 1992(1)
Ms. S. Sunell (B.C.) (ACFD/AUXIL.) 1992(1)
Dr. K. Bentley (Qué.) (NDEB) 1992(1)
Dr. P.A. Watson (Ont.) (NDEB) 1992(1)
Dr. J.G. Thompson (N.B.) (LIC.AUTH.) 1992(1)
Dr. M. Lasko (Man.) (LIC.AUTH.) 1992(1)
Dr. G. Maranda (Qué.) (RCDC) 1992(1)
Mrs. M. Paquin (B.C.) 1992(1)
Ms. M. Forgay (N.S.) (CDHA) 1992(1)

Summary:

In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person appointed by the Canadian Dental Association
- (2) One person who is active in Hospital and or Institutional Dentistry appointed by the Canadian Dental Association
- (3) Three persons appointed by the Association of Canadian Faculties of Dentistry, one of which shall be a representative of the Committee of Deans
- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section
- (5) Two persons appointed by the National Dental Examining Board
- (6) Two persons appointed by the Provincial Dental Licensing Authorities
- (7) One person appointed by the Royal College of Dentists of Canada
- (8) One person appointed by the Canadian Dental Assistants' Association
- (9) One person appointed by the Canadian Dental Hygienists' Association
- (10) One person appointed by the Canadian Dental Association's Committee on Dental Specialties
- (11) A lay person appointed by the Council on Accreditation

Mrs. Marlane Paquin was appointed to replace Mrs. Gaylene Smith as the C.D.A.A. representative.

2 to be elected:

1. _____ Committee on Dental Specialties
2. _____ Council on Accreditation (Lay Representative)



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

NOTE

le 25 avril 1990

AUX: Membres du Bureau des gouverneurs
Présidents et directeurs généraux des
corporations membres
Présidents des conseils et comités de l'ADC
Présidents et secrétaires des sections
spécialisées
Association des Facultés de médecine dentaire
du Canada
Bureau national d'examen des dentistes du Canada
Collège royal des dentistes du Canada
Registrars provinciaux
Présidents - ACHD - ACAD
Association des hôpitaux du Canada

DE: Docteur Jack W. Niedermayer, président
Comité des candidatures, des distinctions et
des fondations

OBJET: ADDENDUM - CANDIDATURES AUX POSTES DE L'ADC POUR
1990

Suite à ma note en date du 6 mars dernier, le bureau des gouverneurs lors de leur réunion provisoire au mois de mars, a accepté des résolutions qui influent sur les candidatures aux postes pour 1990.

Tel qu'indiqué lors de la présentation du rapport du comité, le comité des services d'information a été démantelé à compter de la réunion annuelle de 1990, et aucune candidature est nécessaire.

Le bureau des gouverneurs a adopté une modification à la représentation au Conseil de l'agrément, et l'appel est modifié (ci-joint).

p.j.

/sfb

CDA COMMITTEES OF EXECUTIVE COUNCIL

1. Consumer Products Recognition - 5 members plus Chairman

Term: renewable annually

Eligibility: Special qualifications required

Incumbents: M. Eggert, Edmonton - Chairman 1990 (3)
H. Limeback, Toronto 1990 (3)
W.B. Chapple, Port Hope 1990 (10)
E.C.S. Chan, Montreal 1990 (2)
H.S. Sandhu, London 1990 (2)
M. Akoury, (observer - Health & Welfare Canada)

2. Convention Committee - General Chairman
- Members (local arrangements support)

Term: Annual appointment (Chairman)

Eligibility: Special qualifications required

Incumbents: Dr. M. Jahjah, Montréal - Chairman 1987

3. Dental Materials and Devices - 8 members

Term: renewable annually

Eligibility: special qualifications required

Incumbents: Dr. R.Y. Barolet, Montréal - Chairman
Dr. P. Desautels, Montréal
Dr. L. Johnson, London
Dr. D. Jones, Halifax
Dr. R. Roydhouse, Vancouver
Dr. D. Smith, Toronto
Dr. P.T. Williams, Winnipeg
Dr. A. Chawla, (observer, Health & Welfare Canada)
Mr. Arthur Zwingenberger, (observer, Dental Industry Association of Canada)

4. Communications Steering Committee - 5 members

Term: To be determined

Eligibility: 1 member of Management
4 members of Executive Council

Incumbents: L. Allen, Winnipeg - Chairman
Members to be determined

Ad Hoc - Membership Services - 4 members

Term: - Executive Council Members (Incumbents)
- Others 2 years (renewable)

Eligibility: Mandatory province representation, Québec and Ontario Executive Council member, and a recent graduate from a Canadian dental school.

Incumbents: B. Dolansky, Chairman 1990 (1)
S. Sgro, St-Léonard (Appointed May 1987)
B. Rosebush, Vancouver (Appointed May 1987)
B. Dolman, Montréal 1991 (1)

5. Dental Specialties - 9 members

Term: 3 years: renewable once

Eligibility: representative from CDA recognized specialty sections

Incumbents: Chairman (vacancy)
I. Vogan, CAP 1993 (1)
J. Phillips, CAE 1993 (2)
D. Precious, CAOMS 1992 (2)
C. Price, CAOR 1993 (2)
B. Lafontaine, CSPHD 1991 (1)
R. Pass, CAO 1992 (2)
V. Legault, CAPD 1991 (1)
H. Gaucher, APC 1992 (2)
D. Mock, CAOP 1991 (2)
R. Moran, RCDC (Observer)

Dr. Wright resigned as Chairman and member of the Committee following the Interim Meeting, and Dr. Ian Vogan has been nominated as his replacement.

6. Government Relations - 2 members

Term: 3 years: renewable once

Incumbents: L. Allen, Chairman 1992 (1)
E. MacSween, Ottawa 1993 (2)

Sub-committee on Medical Services Branch (Ad Hoc):

L. Allen, Chairman
R. Thordarson
E. MacSween

Sub-Committee Canadian International Development Agency:

L. Allen, Chairman

7. Taxation - 3 members

Term: renewable annually

Incumbents: R.N. Hicks, Chairman 1990 (11)
L. Allen, Winnipeg 1990 (1)
E. MacSween, Ottawa 1990 (3)

Eligibility: Expertise required

Summary: The members of the Government Relations Committee, shall also be the members of Taxation Committee.

8. Third Party Dental Plans - 4 members

Term: 2 years: 3 renewals

Eligibility: Special interests and qualifications

Incumbents: T. Gushue, St. John's - Chairman 1990 (3)
D. Gutkin, Winnipeg 1990 (3)
B. Dolansky, Ottawa 1990 (1)
L. Rossoff, Richmond 1991 (1)

Summary: When the terms of reference were originally approved by the Board, the terms of 2 members were to have been for an initial one year term in order that members would provide a continuity on the committee. This does not appear to have been the case. Two members will have completed their 3rd term in 1990 and nominations will be required.

NOTE:

All Chairmen positions are subject to annual appointment or re-appointment by the President. Vacancies occurring during the year are filled by Presidential appointment in consultation with the Chairperson.

May 24, 1990



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

M E M O R A N D U M

January 2, 1990

TO: Presidents and Chief Executive Officers -
Corporate Members
Executive Council

FROM: Jack W. Niedermayer, Chairman
Committee on Nominations, Awards and Trusts

SUBJECT: Nomination for Honorary Membership in the
Canadian Dental Association

- - - - -

On behalf of the Executive Council, we are requesting nominations from Corporate Bodies for Honorary Membership in the Canadian Dental Association.

The position of Honorary Membership in the CDA is defined as follows:

Honorary Membership is the highest award of the Association. Its purpose is to recognize the individuals deemed to have made outstanding contributions to the art and science of dentistry, or to the dental profession, over a sustained period of time. This award may be for service that is provincial, national or international in nature. It should in no way be viewed as an automatic award following a great number of years of practice and/or combination of above.

Each corporate member is requested to submit no more than one nomination for the position and this submission must be accompanied by a detailed curriculum vitae of the individual being named.

Due to the distinctive nature of the Honorary Membership award, only in the most unusual circumstances will more than one or two awards be conferred in any one year. As this is an annual review of candidates, we remind you that any previously submitted names may be resubmitted with the appropriate accompanying data.

It is intended that the awards will be bestowed at the Annual Meeting of the CDA Board of Governors in Ottawa, August 24-25, 1990. As you are aware, the Honorary Memberships are designated by the Executive Council and it would be appreciated, therefore, if you would submit your recommendation no later than February 28, 1990. If the approval mechanism within your organization does not allow for a decision by this date, please notify Sandra Deziel at the CDA office and an extension to the deadline will be arranged.

Your cooperation is appreciated.

Jack W. McQuinn

c.c. Members, Committee on Nominations, Awards and Trusts
CDA Executive Director

/sfb



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

NOTE DE SERVICE

le 2 janvier 1990

AUX: Présidents et directeurs généraux - Corporations membres
Conseil exécutif

DE: Jack W. Niedermayer, Président, Comité des candidatures, des distinctions et des fondations

OBJET: La désignation des membres honoraires de l'Association dentaire canadienne

- - - - -

Au nom du Conseil exécutif, nous aimerions, par la présente, demander à chaque corporation membre de désigner des personnes pour le titre de membre honoraire de l'Association dentaire canadienne.

Le titre de membre honoraire de l'ADC est défini ainsi:

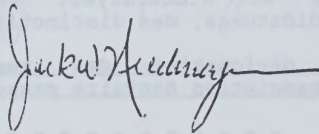
Il s'agit de la plus haute récompense accordée par l'Association. Elle peut être conférée aux personnes qui ont rendu des services exceptionnels dans une discipline dentaire ou à la profession, que ce soit sur la scène provinciale, nationale ou sur la scène internationale. Il est à noter que cette désignation n'est pas automatique suite à un nombre d'année de service ou de pratique ou une combinaison des deux.

Chaque corporation membre est priée de proposer le nom d'une seule personne pour le titre et d'accompagner la proposition d'un curriculum vitae complet de la personne en question.

A cause du caractère distinctif de la récompense, le titre n'est jamais conféré à plus d'une personne ou deux personnes par année, à moins de circonstances tout à fait exceptionnelles. Par ailleurs, étant donné que ce procédé est renouvelé à chaque année, nous vous rappelons que les noms déjà proposées dans le passé peuvent être à nouveau proposés. Il suffit de joindre la documentation requise à chaque proposition.

Nous prévoyons distribuer les récompenses à l'assemblée annuelle du Bureau des gouverneurs qui aura lieu à Ottawa, les 24 et 25 août 1990. Comme vous le savez sans doute, les membres honoraires sont désignés par le Conseil exécutif. Nous vous prions donc de nous faire parvenir vos propositions avant le 28 février 1990. Si cette date limite ne permet suffisamment de temps à votre organisme de nous faire parvenir la candidature, vous êtes prié d'en avvertir Sandra Deziel aux bureaux de l'ADC afin d'obtenir une prolongation.

Merci de votre collaboration.



c.c. Membres, Comité des candidatures, des distinctions et des fondations
Directeur général de l'ADC

/sfb

BIOGRAPHICAL INFORMATION - Honorary Membership

NAME: Ernest R. Ambrose
ADDRESS: 627 Mount Allison Crescent
 Saskatoon, Saskatchewan S7H 4A7
DATE AND PLACE OF BIRTH: May 12, 1926
 Montreal, Quebec
EDUCATION: McGill University, D.D.S. 1950
EXPERIENCE: Chairman, Operative Dentistry
 Associate Professor, Clinical Dentistry
 Co-ordinator of Teaching Clinics
 Director, Division of Preventative
 and Restorative Dentistry of the
 Faculty of Dentistry McGill University
 Associate Dental Surgeon, Montreal General
 Hospital
ORGANIZATIONS: Canadian Dental Association
 Montreal Dental Club
 Halder Study Club
 American Academy of Gold Foil Operators
 Canadian Dental Association
 American Society of Dentistry for Children
 Montreal Dental Forum
OTHER: Fellow of the International College of
 Dentists, 1964

BIOGRAPHICAL INFORMATION - Honorary Membership

NAME: Bradley Wescott Holmes

ADDRESS: 34 Matheson St. S., Kenora, Ontario P9N 1T6

POSITION/
PRACTICE: Private Practice

EDUCATION: University of Toronto, Faculty of
Dentistry 1965

EXPERIENCE: Governor, the Ontario Dental
Association 1970-79
President, the Ontario Dental
Association 1981
Governor, the Canadian Dental
Association 1980
Executive Council, the Canadian Dental
Association 1982
President, the Canadian Dental Association 1986
President, the Canadian Dental Foundation 1989

ORGANIZATIONS: Kenora-Rainy River Dental Society Winnipeg
Dental Society
Pierre Fauchard Academy
International College of Dentists
Academy of Dentistry International
Canadian Society of Forensic Science

OTHER: Co-ordinator, Ontario Dental Association
Remote Services Project in Sioux Lookout

AWARDS: Barnabus W. Day Award, Ontario Dental
Association

HOBBIES AND
INTERESTS: Duck Hunting, Skiing, Scuba Diving, Swimming

BIOGRAPHICAL INFORMATION - Honorary Membership

NAME: Roderick Lawrence Moran

ADDRESS: 350 Ramsey Road, Toronto, Ontario M4G 1R8

DATE AND PLACE OF BIRTH: May 30, 1937
Port Arthur, Ontario

POSITION/
PRACTICE: Director of Dentistry
The Hugh MacMillan Medical Centre

EDUCATION: University of Toronto, D.D.S. 1961
University of Toronto, Diploma
Paedodontics 1967

EXPERIENCE: President, The Royal College of Dentists
of Canada
President, The Ontario Dental Association
President, The Canadian Dental Association
National Chairman, Canadian Society of
Dentistry for Children

ORGANIZATIONS: Royal College of Dental Surgeons of Ontario
The Ontario Dental Association
The Canadian Academy of Paediatric Dentists
The Ontario Society of Paediatric Dentists
Amicrom Kappa Upsilon Honour Dental Society
Canadian Cranio-Facial Society
Federation Dentaire International
Royal College of Dentists of Canada,
Fellow 1972

OTHER: Professional Advisory Committee, The Easter
Seal Society

AWARDS: Academy of Dentistry Prize, Clinical
Paedodontist 1961
The Queens Jubilee Medal 1978
Barnabus W. Day Award, the Ontario Dental
Association 1982

FAMILY: Married with three children



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

M E M O R A N D U M

January 2, 1990

TO: Presidents and Chief Executive Officers -
Corporate Members
Presidents, Specialty Sections
Executive Council

FROM: Jack W. Niedermayer, Chairman
Committee on Nominations, Awards and Trusts

SUBJECT: Nomination for Distinguished Service Awards -
Canadian Dental Association

- - - - -

On behalf of the Executive Council, we are requesting nominations from each corporate body and specialty section for the Distinguished Service Award.

The Distinguished Service Award is defined below:

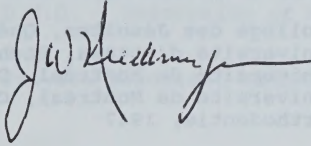
The Distinguished Service Award may be given to a dentist or other person to recognize either an outstanding contribution in a given year, or outstanding service over a number of years. It may also recognize outstanding contributions to the dental profession at the corporate level, specialty society, council or committee level.

Each corporate member and specialty section is requested to submit no more than one nomination for the position and this submission must be accompanied by a detailed curriculum vitae of the individual being named.

It is intended that the awards will be bestowed at the Annual Meeting of the CDA Board of Governors in Ottawa, August 24-25, 1990. As you are aware, the Distinguished Service Award is designated by the Executive Council and it would be appreciated, therefore, if you would submit your recommendation no later than February 28, 1990. If the approval mechanism within your

organization does not allow for a decision by this date, please notify Sandra Deziel at the CDA office and an extension to the deadline will be arranged.

Your cooperation is appreciated.



c.c. Members, Committee on Nominations, Awards and Trusts
CDA Executive Director

/sfb

NOTICE BIOGRAPHIQUE - Distinction pour services émérites

NOM: Louis Bernier

ADRESSE: 1575 rue St-Louis, Sillery (Quebec) G1S 1G4

DATE ET LIEU DE
NAISSANCE: 1e 27 août 1920, Ville de Québec

ÉTUDES: Collège des Jésuites, Québec
Université d'Ottawa, Bachelier des-Arts, 1942
Université de Montréal, D.D.S., 1946
Université de Montréal, Certificat en
orthodontie, 1947

EXPÉRIENCE: Président de l'Association dentaire
canadienne 1971-1972
Gouverneur de l'Association dentaire
canadienne 1965-73
Gouverneur du Collège des Chirurgiens-
dentistes de la province de Québec 1951-1972
Président de la Société dentaire du Québec
1955-1956
Chef du Service de médecine dentaire. Hôtel-
Dieu de Québec. 1973-1979

ORGANISATIONS: Association dentaire canadienne
American Association of Orthodontists
Northeastern Association of Orthodontists
Société canadienne des orthodontistes
Association des orthodontistes de la
province de Québec
Société dentaire des Cantons de l'Est
International College of Dentists
L'Académie Pierre Fauchard

AUTRES
RENSEIGNEMENTS: Ancien président des Anciens de l'Université
d'Ottawa (secteur Québec)
Président de la Ligue d'hygiène du Canada
(Québec)
Gouverneur de la Fondation de l'Université
Laval 1975
Membre du Club de la Garnison

FAMILLE: Marié à Fernande, deux filles et deux fils

LOISIRS: Skieur, golfeur, chasseur, pêcheur

BIOGRAPHICAL INFORMATION - Distinguished Service Award

NAME: Donald Everett MacFarlane

ADDRESS: 101 - 2732 West Broadway
Vancouver, B.C.
V6K 2G4

EDUCATION: B.A. - University of British Columbia
D.M.D. - University of Manitoba, 1966

PRACTICE: Private practice, Vancouver

EXPERIENCE: CDA Governor, 1986 to 1989
CDA Executive Council 1987 to 1989
Past-Chairman, CDA Third Party Dental Plans Committee
National/Provincial Dental Awareness Program Committee, 1987
Provincial Alternative Delivery Systems 1986 - 1988
President, College of Dental Surgeons of B.C., 1977 - 1979

ORGANIZATIONS: Canadian Dental Association
College of Dental Surgeons of B.C.

FAMILY: Married to Dorothy, with two children

BIOGRAPHICAL INFORMATION - Distinguished Service Award

NAME: George Hamill Peacock

ADDRESS: 101, 500 Spadina Crescent East
Saskatoon, Saskatchewan
S7K 4H9

DATE AND PLACE OF BIRTH: July 9, 1938
Cobourg, Ontario

EDUCATION: B.A. - University of Saskatchewan, 1958
D.D.S. - University of Alberta, 1962

POSITION: Registrar/Secretary-Treasurer
College of Dental Surgeons of Saskatchewan
Acting: 1974 - 1976
Full-time: 1976 - present

EXPERIENCE: Sessional Lecturer, College of Dentistry,
University of Saskatchewan, 1978 - present
Clinical instructor, College of dentistry,
University of Saskatchewan, 1972 - 1978
Private practice of dentistry - Saskatoon, 1962
- 1976
Canadian Dental Association:
Past Chairman, Council on Ethics, Past-Member,
Council on Education and Accreditation,
Chairman, Council on Constitution and By-Laws
Chairman of the Board, Saskatchewan Institute
for the Prevention of Handicaps
Saskatoon Chairman, Dental Section, Salvation
Army Appeal

ORGANIZATIONS: College of Dental Surgeons of Saskatchewan
Canadian Dental Association
Saskatoon Dental Society

OTHER: Life Member, Western Canada Dental Society,
1985
Pierre Fauchard Academy, ,1979
Honorary Member, Saskatchewan Dental Assistants
Association, 1987
Fellow, Academy of Dentistry International,
1988

FAMILY: Married to Martha Emily Peacock, with five sons

BIOGRAPHICAL INFORMATION - Award of Merit

NAME: Kenneth L. Croft

ADDRESS: 107 - 16335 - 14 Avenue
Surrey, B.C.
V4A 1H2

DATE AND PLACE OF BIRTH: September 19, 1928
Toronto, Ontario

EDUCATION: B.A. (Journalism) - University of Western Ontario - 1952

POSITION: Retired

EXPERIENCE: Managing Director, College of Dental Surgeons of British Columbia - 1969 - 1987
Executive Director, Ontario Federation of Construction Associations - 1967-69
Deputy Secretary and Director of Public Information, Canadian Dental Association - 1957 - 1967
CDA representative to Youth Sciences Foundation
CDA representative to Health League of Canada
Founding Secretary, CFDE - 1964 - 1967
Investors Syndicate of Canada Ltd.
General Motors Acceptance Corporation of Canada Ltd.
Addressed P.R. Conferences of Michigan State Dental Association, American Dental Association and annual conference of American Association of Dental Editors

ORGANIZATIONS: Institute of Association Executives - 1967 - 1988
Honorary Member B.C. Dental Assistants Association (1983)
President, Toronto West Kinsman Club - 1959 - 1960

FAMILY: Married, with three children

BIOGRAPHICAL INFORMATION - Award of Merit

NAME: Donald M. Gutkin

ADDRESS: 1368 McPhillips Street, Winnipeg,
Manitoba R2X 2M4

DATE AND PLACE OF BIRTH: May 12, 1950
Winnipeg, Manitoba

POSITION/
PRACTICE: Private Practise/Partnership

EDUCATION: University of Manitoba, D.M.D., 1973

EXPERIENCE: Economics Committee, Manitoba Dental
Association
Third Party Committee, Manitoba Dental
Association
Third Party Committee, Canadian Dental
Association
EDI Committee, Canadian Dental Association

ORGANIZATIONS: Canadian Dental Association
Manitoba Dental Association
Winnipeg Dental Society

OTHER: Chairman, B'Nai B'Rith, Jewish Community Camp
University of Manitoba Alumni Association

FAMILY: Wife Belva, two children Hedy 13 and Beth 10

HOBBIES AND
INTERESTS: Golf, Jogging, Bicycling, Computers

BIOGRAPHICAL INFORMATION - Award of Merit

NAME: Bruno Peter Martinello

ADDRESS: 8608 - 179 Street
Edmonton, Alberta
T5T 0X3

DATE AND PLACE
OF BIRTH: January 5, 1931
Toronto, Ontario

EDUCATION: Port Credit High School
D.D.S., University of Toronto - 1955
D.D.P.H. Toronto, Dental Public Health -
1962
NDEB/RCDC - Specialist Certificate in
Dental Public Health - 1976

POSITION: Executive Director/Registrar
Alberta Dental Association

EXPERIENCE: Executive Director/Registrar Alberta
Dental Association
Associate Professor, Dept. of Dean of
Dentistry - University of Alberta
Guest Lecturer - University of Alberta
Professor and Chairman, Dept. of Social
Dentistry - University of Western
Ontario
Dental Director - Brant County &
Wentworth County Health Units - Ontario
Private Practice, Ontario

ORGANIZATIONS: Canadian Dental Association
Alberta Dental Association
Royal College of Dentists of Canada
Pierre Fauchard Academy

OTHER: Canadian Society of Public Health
Dentists
International College of Dentists

FAMILY: Married to Gina Martinello, with six
children

CORRESPONDING MEMBERSEthics Committee

B.D. Barrett (P.E.I.)
G.H. Peacock (Sask.)

Community and Institutional Dentistry

C. Jack (P.E.I.)
R.E. McDermott (Sask.)

Information Services Committee

D. Richardson (P.E.I.)
K.I. Hamilton (Sask.)
P.H. Downing (N.S.)

Membership Committee

P. Creighan (P.E.I.)
G.H. Peacock (Sask.)
R.B. Morean (N.S.)

CDA PRESIDENT'S AWARD1989-1990 RECIPIENTS

<u>University</u>	<u>Name of Recipient</u>
Alberta	Tracey Ruddick
British Columbia	Kostantinos Nick Georgas
Dalhousie	Sunita Sharma
Laval	Doris Paulin
Manitoba	Janice Sachi Okamura
Montreal	Pascale Charland
McGill	Barbara B. Irvine
Saskatchewan	Rhonda Jean Markowsky
Toronto	Owen Symington
Western Ontario	Mark C. Perry



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

MEMORANDUM

January 3, 1990

TO: Presidents - Provincial Dental Associations
and Provincial Licensing Bodies

FROM: Jack W. Niedermayer, Chairman, Nominations,
Awards and Trusts Committee

SUBJECT: CEO's Candidacy for CDA Awards

In 1989, the Executive Council approved a recommendation of the Nominations, Awards and Trusts Committee that future Committees be encouraged to review the contributions made by Provincial and Licensing Bodies - CEO's across Canada and consider such persons for awards as appropriate.

Attached for your consideration are the guidelines for awards of the Canadian Dental Association. I would request that you review these guidelines and consider the submission of nominations as you deem suitable.

It is intended that awards will be bestowed at the Annual Meeting of the CDA Board of Governors in Ottawa, August 24-25, 1990. As you are no doubt aware, all awards are designated by the Executive Council and it would be appreciated therefore if you would submit your recommendation no later than February 28, 1990.

Attachment

/msg

PUBLICATIONS COMMITTEE

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. John Hardie, Chairman, Ottawa
Dr. Pierre Desautels, Montréal
Dr. Jack Stockton, Winnipeg
Mr. Jardine Neilson, Ottawa

Executive
Liaison: Dr. Bryun Sigfstead, Edmonton

Coordinator: Miss Linda Teteruck

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

COMMITTEE ACTIVITIES

This is the final Publications Committee report, and it is appropriate to review some of its activities and those of its predecessor, The Editorial Board.

1. Autonomy

In any publication, those responsible for its production must have the confidence and trust of senior administration to operate in an independent but mature manner. Inevitably this results in healthy controversy and debate which is the lifeblood of all progressive publications. Such principles were established by the Editorial Board in 1984, emphasized by the Publications Committee, and are being exercised by the present Editorial Staff.

2. Co-Operation

Independence without co-operation is undesirable. The Publications Committee seconded representatives from the Information Services Committee and the Library. Their efforts ensured that:

- i) The activities of Information Services were integrated into CDA Publications.

- ii) The Library received the recognition which it deserves, and the necessary funds to improve and expand its essential services. This co-operative approach may be an example for future CDA Committees.

3. Responsibility

The principles of independence and co-operation demand the concept of responsibility. The Journal Editor is the individual charged with the moral, legal, and intellectual accountability of CDA's most visible publication. The Editor must have or be capable of reliability and trustworthiness. Dr. Ralph Crawford is aptly demonstrating these qualities. He is a noble addition to the list of outstanding individuals who have occupied this position.

4. Revenue

Unfortunately committees do not operate within fiscal vacuums. The Editorial Board and the Publications Committee were respectful of the need for financial viability. The harsh reality of commerce is that advertisers - the major source of Journal revenue - require, indeed, demand, as large a readership as possible.

To maintain and perhaps enhance advertising revenue it was logical to recommend that the Journal be distributed to all Canadian dentists. This action prompted the need for a professional comprehensive marketing approach to the sale of advertisements. The Publications Committee approved the hiring of Keith Health Care Communications to fulfil this function. As a side effect of this appointment, the firm's knowledge of mailing lists permitted the Committee to offer recommendations on this revenue generating activity.

5. Form and Function

The function of communicating via a publication is doomed to failure if the form of the medium is inappropriate. The Editorial Board and Publications Committee recognized this truism by:

- i - Enhancing the appearance of the Journal and the visibility of its type.
- ii - Redesigning the masthead, frontpage and contents page of the Journal.
- iii- Insisting upon the use of colour when appropriate for illustrations, diagrams, tables, and highlights.
- iv - Improving the quality of reprints.
- v - Appointing Consulting and Specialty Editors with specific roles.
- vi - Creating a balance between clinical, practical articles, and those with a special or scientific perspective.

6. Support

None of the above activities would have been achieved without the numerous dentists who volunteered their time, knowledge, and services to the Editorial Board and the Publications Committee. It has been a pleasure to work with committee members who were dedicated to the advancement of CDA's Publications. The CDA Headquarters Staff, especially the Editorial Staff but specifically Linda Teteruck, must be congratulated for their loyalty, dedications, and diplomacy. Their efforts ensured that the bad ideas were buried quietly, while the occasional good suggestions were allowed to bloom and flourish.

REFLECTIONS

The purpose of the Publications Committee has been to provide - principally via the Journal - an avenue for communications within the professions. Creating a professional journal is a highly visible, often personal and sometimes lonely art form. Those who practice it must be prepared for criticism - usually adverse rather than constructive. Debate must be encouraged because the provocative thought and the contrary idea have as much right to be communicated as have the accepted principle and the majority opinions.

There is no reason to doubt that the present Editor will not continue to promote such freedoms within the pages of the Journal.

As the CDA initiates a new Communication Strategy it may be prudent to reflect upon the collective endeavour of the Editorial Board and the Publications Committee; to learn from their mistakes, and perhaps to emulate their successes. In their own way they did communicate, and played a role in the shaping of our profession. It has been an honour and a privilege to have been associated with their activities.

Respectfully submitted,

John Hardie, B.D.S., M.Sc,
F.R.C.D. (c)
Chairman, Publications Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Publications Committee, and thanks the Committee for their work.

COMMITTEE ON STUDENT AFFAIRS

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Mr. Keven Hockley, Chairman, U. of Western Ontario
Miss Linda Wiltshire, Student Governor, McGill U.
Miss Nicole Baggs, Chairman-Elect, U. of Western Ontario
Mr. Kerim Ozcan, Student Governor-Elect, Dalhousie University
Dr. Scott MacLean, Past Student Governor, Edmonton
Dr. Ashoka Subedar, Past Chairman, Winnipeg
Miss Sandra Finch, U. of British Columbia
Mr. David French, U. of Alberta
Mr. Leo Gaudet, U. of Saskatchewan
Mr. Paresch Shah, U. of Manitoba
Miss Jocelyn Pearce, U. of Toronto
Mr. David Engelsberg, McGill U.
Mlle Shiva Namjoonik, U. de Montréal
Mr. Robert Ganske, U. Laval

Executive

Liaison: Dr. Ron Smith, Duncan, B.C.

Coordinator: Linda Teteruck, Director of Communications

1. Committee Meetings

Committee has met once since the last Board meeting, on April 1, 1990 in Ottawa.

ITEMS REQUIRING BOARD ACTION

2. CDA Speaker Events

The Committee reviewed the various formats of the Welcome to the Profession receptions at all schools, and grad functions in the voluntary provinces. It was felt the Welcome receptions were successful in their present formats, and members will attempt to arrange classroom time for the CDA speaker to these events, where feasible, to address students for a brief period.

The Committee feels it would be in the best interests of the CDA to speak to the graduating classes during the final year, and during classroom time. This would provide the best opportunity to bring the CDA message to this particular group.

RESOLVED:

- 90.67 **THAT** the CDA Membership Committee contact the Deans at the Dental Faculties across Canada to request classroom time for a CDA presentation to the final year classes, for the purpose of providing information on the benefits of membership in their national association.

ADOPTED**3. CDA Student Membership**

CDA student membership figures for 1989-90 indicate 1,812 out of 1,867 dental students, or 97.1%, are CDA members.

Committee reviewed the fee policy for 1990-91, and in particular, whether the freeze on the fee should continue next year. In light of Ontario's policy not to increase their fee next year, members were reluctant to increase the CDA fee at this time. It is felt, however, the student fee is a token one, and the impact on new grads of the transition to active membership should be considered.

The Membership Committee has been asked if information on student fees for other professions (law, medicine, pharmacy) can be provided, so that the CSA can make a knowledgeable decision with regard to the fee structure.

RESOLVED:

- 90.68 **THAT** the student membership fee of \$17.00 be frozen for 1990-91, to be re-evaluated at the Fall 1990 CSA meeting, based on information provided by the Membership Committee.

ADOPTED**ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION****4. CDSC '90**

The Committee has received a positive response from the University of Western Ontario to hold the 1990 Canadian Dental Students' Conference in London. The dates selected, August 29 to September 1, 1990, immediately follow the CDA Convention.

5. Student Column

The first article in this column, on Prelicensure, was published in the December 1989 JCDA. Since that time, members have experienced some difficulty in getting material from their peers suitable for publication. However, the Committee feels strongly that having the column available to them to present student views on issues, must be maintained. To this end, the guidelines created for the column will be reinforced with upcoming reps, and suggested topics might include Ethics, Professional Resource Utilization Committee and What CDA Does for Students.

6. Practice Management Manual

The original target date of January 1990 for distribution of the revised Manual was not achieved, however, this material is presently in the refining stages and will be printed this summer.

7. Graduation - 1990

CDA will be presenting CDA Grad Packs to its members again this year. These packages will contain:

- A congratulatory letter from the CDA President
- A copy of the April CDA Journal
- Library/Resource Centre information
- CDA Catalogue of Materials
- Organization, Goals and Objectives of the CDA
- Address change form (for membership purposes)
- CDSPI Information Package
- CFDE Annual Report
- DAP promotional material
- Handbook on Capitation
- May 1990 CDA Communiqué

8. Student Representation on the Councils on Education and Accreditation

The Committee acknowledges its representation on the Committee on Undergraduate/Postgraduate Program of the Council on Accreditation. It is noted, however, that the Committee has no formal voting representation on the Council on Education. A representative will attend the June 1990 meeting of the Council on Education Open Session, as an observer, this year.

ACFD

APPENDIX I

Student involvement in issues of concern at the schools, continues. The Committee reported on the following items, from which a report has been developed for submission to the ACFD:

- policy on Hepatitis B vaccine
- infection control procedures
- curriculum update
- Practice Management Manual schedule
- use of the CFDE grant

10. Canadians in U.S. Dental Schools

The Committee notes there are 26 CDA members out of approximately 250 Canadians studying dentistry in the U.S. It is a concern that these members cannot be represented on the Committee, nor can they take advantage of all their membership benefits. The Committee therefore has asked the Membership Committee to investigate the status of this group as it relates to their membership benefits.

SUMMARY

On behalf of the Committee on Student Affairs, I would like to extend our appreciation for CDA's ongoing support, and the opportunity given to dental students to have a voice in dental education and organized dentistry.

Respectfully submitted,

Keven Hockley
Chairman
Committee on Student Affairs

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Student Affairs.

CANADIAN DENTAL ASSOCIATION - COMMITTEE ON STUDENT AFFAIRS

POSITION PAPER

PRESENTED TO THE ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

JUNE 21 AND 22, 1990, QUEBEC CITY, QUEBEC

The Fall 1989 meeting of the Committee on Student Affairs was held in conjunction with the Canadian Dental Association national meeting in Vancouver, British Columbia. At this meeting, it was agreed that several educational issues should be investigated within each of the respective dental faculties by each of the members of the Committee on Student Affairs. This information was presented at the spring meeting in Ottawa, and the following position paper was generated, in the hope that the attitudes of the majority of the dental students in Canada may be reflected.

It is the intention of the Committee on Student Affairs, by presenting this position paper, to aid the Association of Canadian Faculties of Dentistry in their efforts towards the advancement of dental education in Canada. It was decided that three main areas of concern should be addressed:

CURRICULUM REVIEW

The Committee on Student Affairs recognizes that as the profession of dentistry approaches the turn of the century, changes may be appropriate to the educational system to better prepare the future generation of dentists. In accordance with this, the Committee on Student Affairs would like to encourage new methods of teaching and instructional resource utilization, so that the educational process can be optimized. In this light, it is hoped that the members of the Association of Canadian Faculties of Dentistry would promote curriculum review processes within each of their respective faculties in the areas of clinical and didactic education, with respect to current technologies, techniques and ideas.

INFECTION CONTROL

With the AIDS epidemic focusing the world's attention, the profession of dentistry has undergone much scrutiny of its infection control procedures. The Committee on Student Affairs would like to acknowledge the importance and necessity of such infection control procedures and encourage the further education of dental students in the theoretical and practical aspects of bacterially and virally transmitted diseases.

CSA Position Paper

June 1990

With respect to vaccination procedures, the Committee on Student Affairs has some concern about the manner of distribution of the hepatitis vaccine for dental students across Canada. It is the impression of the Committee on Student Affairs that the inoculation is not a mandatory requirement for all dental students in Canada and most students must pay for this service if they decide to make use of it. The Committee on Student Affairs would like to see an inoculation policy developed on a national level for dental students and have the financial burden of this service covered by a central agency (dental faculty/government).

COSMETIC DENTISTRY

With great advances in dental treatment and procedures, the Committee on Student Affairs would like to encourage the further education and clinical experience in the areas of cosmetic and esthetic dentistry to better prepare graduates for the changing demands of society. The Committee on Student Affairs would also encourage greater emphasis in the areas of Orthodontics, Geriatric and Special Needs Patients, and Pain/Anxiety Control in the curriculums of the nations dental schools.

It is also the wishes of the Committee on Student Affairs that the position paper presented by the past Student Governor, Dr. Scott MacLean, not be overshadowed by the issues presented in this paper and that these areas of concern be addressed as ongoing concerns of the majority of students in the nation.

The Committee on Student Affairs would appreciate receiving a report from the Association of Canadian Faculties of Dentistry concerning any actions to be taken with reference to this position paper. The Committee on Student Affairs would like to extend its thanks and appreciation for the opportunity to work with the ACFD in our mutual goal towards the advancement of dental education in Canada.

Respectfully submitted,

Kerim M. Özcan
CDA Student Governor-Elect
Committee on Student Affairs

TAXATION COMMITTEE

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Robert N. Hicks, Chairman, West Vancouver
Dr. Elizabeth MacSween, Ottawa

Executive Liaison: Dr. Les Allen, Winnipeg

Coordinator: Mrs. Sandra Deziel

1. Meetings

The following report includes activities of the Taxation Committee that have occurred prior to the March 1990 Board of Governors Meeting and up to the date of this report. Many of the activities have been verbally reported to the Board, but this report provides a written record of the events.

ITEMS REQUIRING BOARD ACTION

1. Goods and Services Tax (GST)

The Chairman of the Taxation Committee met with Mr. Gordon Lee, Manager, Tax Policy - Services, Goods and Services Tax Division of the Excise Branch of Revenue Canada on March 29, 1990. The following items related to the impact of the GST on dentistry were discussed:

a) Dental Services

All dental services will be tax-exempt other than the following:

- i) cosmetic dental services
- ii) "other professional services" such as court testimony, legal opinion, examination for third parties (legal, dental insurance companies, workers compensation boards, etc.)

A discussion followed on the definition of cosmetic dental services. It was generally agreed that the definition of cosmetic dental services would include the following:

Cosmetic dental services:

- those services that are performed essentially for appearance purposes and at the request of the patient.
- i.e. those dental services that do not treat pathology, improper form or function of the tooth or teeth and are carried out at the request of the patient.

It became apparent that a service code would be necessary for a dentist to identify when a service was performed that fit the definition of cosmetic dentistry.

RESOLVED:

- 90.69 THAT the CDA create a dental service code that represents the Revenue Canada definition of cosmetic dentistry.

DEFEATED

The Board of Governors directs that a system of flagging cosmetic dental services be established by the Taxation Committee in consultation with the Management Committee and the Third Party Dental Plans Committee as required.

While this type of definition has been generally agreed upon by Revenue Canada, it has not been officially released by the Department. At the time of writing this report, the formal interpretation is close to being released.

Mr. Lee has requested that the CDA inform dentists that orthodontic services are tax-exempt under GST and are not considered as cosmetic dental services.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTIONb) Dental Hygienist Services

The draft legislation states that services of a dental hygienist, whether employed by a dentist or self-employed and providing dental hygienist services in a dental practice, are tax exempt under GST.

c) Zero rated Supplies

In Schedule VI, Part II - Medical Devices of the GST legislation, it states that Artificial teeth are zero rated supplies. This means there is no GST applied when a dental laboratory sells these supplies to a dental practice and no tax is applied when a dentist provides these supplies to a patient. The dental services are tax-exempt and the dental supply of artificial teeth are zero-rated.

A discussion on the definition of artificial teeth led to the following definition being generally accepted by Mr. Lee:

Artificial teeth:

- artificial teeth
- full dentures
- partial dentures
- fixed partial dentures (bridges)
- crowns
- partial crowns (veneers)
- osseointegrated implants

d) Taxable Services provided by dentists

Services that are subject to GST, such as cosmetic dentistry, court testimony, legal opinions, etc. will not have the GST applied if no more than \$30,000. of these services are provided annually.

To quote Mr. Lee:

"Where the dentist's total charges for supplies of these taxable services exceeds \$30,000. per annum, he/she will be required to register and to collect GST on the fees levied for these identified services. Dentists... will be entitled to a proportional input tax credits based on the percentage of their taxable supplies to their total supplies."

e) Registration for the GST

As stated above, if a person, business or organization has annual sales and revenues of GST-taxable goods and services over \$30,000. they MUST register for the GST.

Revenue Canada has mailed an information brochure that has been received by dental offices in Canada providing a GST registration form. It is the recommendation of the Taxation Committee that the dental practices complete this form and check off item 8a) which states that last year the practice did not provide GST-taxable

services that exceed \$30,000., if such is the case. Failure to complete this form will create further correspondence from Revenue Canada to do so.

If a practice exceeds the \$30,000. level of taxable services in any year, the practice may register at that time and then proceed to apply the GST to taxable services for the remainder of the year.

A memorandum identifying these regulations and the advice of the CDA has been prepared by the Taxation Committee and mailed to each corporate body; a letter containing this information was sent to all CDA members.

f) Educational Services

Educational services provided by universities, colleges, provincial regulatory bodies and provincial professional associations will be tax-exempt under GST if the course is leading to, or maintaining or upgrading, a professional accreditation or designation.

The educational course will be tax-exempt for all persons, including those who are not taking it for mandatory reasons.

g) Removal of Federal Sales Tax

The 13.5% Federal Sales Tax applied at the manufacturer or import level on goods will be removed on January 1, 1991 and replaced with the 7% G.S.T. at the sales level.

This will have two effects on the dental practice:

i) Goods imported into Canada

- Dental goods imported into Canada by a dental practice have a 13.5% Federal Sales Tax applied on the duty paid retail value of the goods. With G.S.T., the rate of tax will be lowered to 7%.

ii) Goods Purchased in Canada

- At the present time, the retail price of dental goods purchased in Canada has the 13.5% Federal Sales Tax included in the retail price, since the dental supply company or the distributor paid this tax at the manufacturer or import level.

- When G.S.T. comes into effect, the Federal Sales Tax will be removed. While the G.S.T. will replace it, there will be no "Tax Cost" to the supplier of these goods, since input tax credits are available at each level of the distribution chain. The net effect should be an actual lowering of the retail price. The retail purchaser (the dental practice) will then pay the 7% G.S.T.

EXAMPLE:

MANUFACTURER\
WHOLESALE PRICE

CURRENT PRICING
WITH FST

\$58.00 NET
7.00 FST

\$65.00 TOTAL

CURRENT PRICING
WITH GST

\$58.00 NET
4.06 GST

\$62.06 TOTAL

RETAIL PRICE

CURRENT PRICING
WITH FST

\$100.00 NET
FST

\$100.00 TOTAL

CURRENT PRICING
WITH GST

\$95.48 NET
+ 6.69 GST
- 4.06 GST PAID

\$98.10 TOTAL

PERCENT CHANGE

- 1.9%

(The above example was provided by the Dental Industry Association of Canada)

- Concern that the dental trade industry would not "pass on" the removal of the FST in its pricing was addressed by the Taxation Committee. With the assistance of the CDA President, Dr. Kevin Roach, discussions with the Dental Industry Association of Canada (DIAC) occurred on March 29, 1990. These discussions resulted in a letter dated April 12, 1990 (Appendix I) in which DIAC stated:

"DIAC therefore recommends that its member companies minimize increases on the pricing of their products to dentists and pass on efficiencies realized by maintaining the same mark-up factors to establish retail pricing used before the elimination of the Federal Sales Tax".

APPENDIX I

h) Leasing agreements and GST

The President of the CDA, in conjunction with the Chairman of the Taxation Committee, approached the Equipment Lessors' Association of Canada to discuss some punitive impacts of the GST legislation on dental leasing agreements.

The Association referred its concerns to Mr. Lee Madison of Norex Leasing Inc. (Medi-Dent Leasing). With the assistance of a letter from Dr. Kevin Roach, President of CDA, Norex Leasing Inc.'s presentation to the Blenkarn Committee (GST) resulted in an amendment to the legislation which achieved a more favourable approach to dental leasing agreements.

The legislation now states that if a dental equipment lease agreement is entered into before January 1, 1991, no GST tax is payable on payments made before 1994.

i) Professional Management Companies

As service companies, Professional Management Companies will be required to add the GST to their total charge to a dental practice.

This will mean that all salaries paid by the PMC will attract the G.S.T. The same salaries would not attract the G.S.T. if paid directly by the dental practice.

On the surface, this would appear to indicate that there is little value to use a PMC to operate the business portion of a dental practice. It is most important that all dental practices discuss the future of their PMCs with tax advisors.

The Taxation Committee has been discussing this issued with various chartered accountants in Canada. While nothing is definite at this time, there may be a way that the agreement between the dental practice and the PMC may be altered to reduce the impact of the G.S.T. Information will be forthcoming on this issue.

j) Communication with the profession

A number of articles have appeared in newsletters, journals, etc. written by chartered accountants or those interested in tax matters that have contained information that has disturbed and/or alarmed certain dentists in Canada. Unfortunately, many of the facts given in some of these articles were presented by the authors before they had access to all of the facts related to GST and the dental practice.

The Taxation Committee is preparing a number of information articles for CDA publications so that the members of the profession can be properly informed of the impact of GST on the dental practice.

CDA has very close contact and communications with those in government who will be administering the GST and therefore the most current information will be available to our profession.

2. Customs

On March 29, 1990 the Chairman met with Ms. Valerie Luke, Revenue Canada - Customs.

Ms. Luke is responsible for our equipment and supplies with respect to tariff numbers and rates of duty. She was most helpful and cooperative in providing information on some revised tariff numbers for dental goods.

From the information obtained, the taxation committee will be creating a revised Customs Tariff and Rates schedule for dental goods which will be supplied to CDA members.

3. Revenue Canada Audits Division

On March 29, 1990, the Chairman of the Taxation Committee met with Mr. K.C. McLean, Director General, Audit Programs Directorate, Revenue Canada.

While no major issues have surfaced in this department over the past few years, the Committee felt it was important to meet the new Director General and maintain the lines of communication that we have enjoyed in the past.

The Director General was pleased with the initiative we took and a general discussion on dental practice in Canada provided information for both parties. The Taxation Committee feels that communication with Mr. McLean will be accessible and helpful as it has been with his predecessors.

Mr. McLean was pleased to hear of our Taxation Seminar program and offered speakers from the department if we could use them.

4. Taxation Seminars

A most successful CDA Taxation Seminar took place in Vancouver on Friday, March 2, 1990. Approximately 140 participants listened to Mr. Ron Walsh, C.A. and Dr. Robert Hicks - CDA Taxation Committee Chairman provided tax information. The financial statement of the Vancouver Tax Seminar is attached as Appendix II.

APPENDIX II

The next Taxation Seminar is being planned for the city of Toronto in the fall of 1990. A specific date and location will be announced soon.

Respectfully submitted,

Robert N. Hicks, D.D.S., M.S.
Chairman, Taxation Committee

FILING OF REPORT

The Board of Governors thanks Dr. Hicks for his efforts on behalf of the profession.

The Board of Governors accepts with appreciation the report of the Taxation Committee.



Dental Industry Association of Canada

APPENDIX I

Association Canadienne de l'Industrie Dentaire

(514) 251-5456

via: FAX

April 12, 1990

Dr. Kevin Roach
President
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ont.
K1G 3Y6

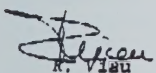
Dear Dr. Roach:

As discussed at the meeting held in Ottawa between yourself, Dr. Hicks, your staff, Mr. Michael Hart and Mr. G. Osterbauer, the Dental Industry Association of Canada has prepared a statement (copy attached).

The statement expresses the intentions of the members' companies in regards to the impact of the removal of the Federal Sales Tax and the application of the G.S.T. Also attached you will find different examples of pricing reflecting the conversion from F.S.T. to G.S.T.

We are also pleased to announce the formation of a special G.S.T. Tax Committee, headed by George Osterbauer, which will be working closely with the C.D.A.

Sincerely yours,


R. Vieu
President
DIAC

C.C. Dr. Robert Hicks - Vancouver
Mr. Michael Hart - Ash Temple Limited
Mr. George Osterbauer - Dentsply

DRAFT/APRIL 2-1990

Statement of intent of DIAC relative to pricing and mark-up behavior of DIAC member companies during the conversion from FST to GST:

The Dental Industry Association of Canada (DIAC) supports The Canadian Dental Association (CDA) in its efforts to minimize the increase in the cost of Dental Services to the Canadian population.

DIAC believes that the elimination of the 13.5% Federal Sales Tax and its replacement effective January 1, 1991 by a 7% Goods and Services Tax will lower the sales tax content in the price of Dental supplies and equipment before adjusting for inflation.

DIAC therefore recommends that its member companies minimize increases on the pricing of their products to dentists and pass on efficiencies realized by maintaining the same mark-up factors to establish retail pricing used before the elimination of Federal Sales Tax.

Composite (average) impact as at 1/1/91 on \$100.00 at retail value of dental supplies and equipment resulting from the replacement of the Federal Sales Tax by a Goods and Services Tax.

PRICING	CURRENT PRICING WITH FST	CURRENT PRICING WITH GST	1991 PRICING WITH GST & 6% INFLATION
WHOLESALE:	\$58.00 NET 7.00 FST \$65.00 TOTAL	\$58.00 NET 4.06 GST \$62.06 TOTAL	\$61.48 NET 4.30 GST \$65.78 TOTAL
RETAIL:	\$100.00 NET FST \$100.00 TOTAL	\$95.48 NET + 6.68 GST - 4.06 GST PAID \$98.10 TOTAL	\$101.20 + 7.08 GST - 4.30 GST PAID \$103.98 TOTAL
PERCENT CHANGE VERSUS PRICING WITH FST:		-1.9%	+4.0%

Applicable Provincial Sales Taxes should be added to above pricing.

APPENDIX II

CANADIAN DENTAL ASSOCIATION TAX SEMINAR - VANCOUVER REVENUE AND EXPENSES STATEMENT AS AT APRIL 30, 1990

REVENUE

REGISTRATION FEES	(\$20,755.00)
-------------------	---------------

TOTAL REVENUE

(\$20,755.00)

EXPENSES

DESCRIPTION

BELL CANADA	ELEC.MAIL&FACSIMILE	\$23.57
GRAND & TOY LIMITED	OFFICE SUPPLIES	\$29.56
HALLMARK	AIRFARE	\$1,264.00
BENWELL-ATKINS	POSTAGE	\$1,117.73
SANDRA DEZIEL	EXPENSE CLAIM	\$82.11
FOUR SEASONS	FAC/RENTAL&CATERING	\$4,558.57
WALSH-KING	BINDERS	\$942.82
BELL CANADA	ELEC.MAIL&FACSIMILE	\$6.27
JAN-APR/90	PHOTOCOPY	\$67.98
JAN-APR/90	POSTAGE	\$53.13
BLUE LINE	TRAVEL	\$63.00
WALSH-KING	CONSULTING	\$195.00
AMERICAN EXPRESS-S.DEZIEL	ACCOMODATION	\$304.04
DR. HICKS (ESTIMATE)	EXPENSE CLAIM	\$500.00

TOTAL EXPENSES

\$9,207.58

TOTAL EXPENSES OVER REVENUE

(\$11,547.42)

THIRD PARTY DENTAL PLANS COMMITTEE

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Toby Gushue, Chairman, St. John's
Dr. Bernie Dolansky, Ottawa
Dr. Don Gutkin, Winnipeg
Dr. Larry Rossoff, Richmond

Executive Liaison: Dr. Bernie Dolansky, Ottawa

Coordinator: Ms. Susan Matheson

1. Committee Meetings

The Third Party Dental Plans Committee has met four times since the report to the 1989 Annual Meeting: September 23rd and 24th, 1989; December 8th and 9th, 1989; February 25th and 26th, 1990 and May 25th and 26th, 1990.

2. Liaison Activities

Dr. Gushue attended the American Dental Association Dental Benefits Conference in Chicago in July, 1990.

Dr. Gutkin spoke to the Canadian Association of Dental Consultants in Ottawa on August 25, 1990.

ITEMS REQUIRING BOARD ACTION

3. 1991 Shared Concerns Conference

Building on the success of the previous conferences, the Committee is planning another conference in 1991. Since it appears unlikely that funding can be obtained from outside sources, this conference will be run on a break-even basis by charging a registration fee to fully fund the cost of the conference.

RESOLVED:

90.70 THAT the CDA, through the Third Party Dental Plans Committee, sponsor the 1991 Shared Concerns Conference to be held September 26-27, 1991 at the Sheraton Toronto East Hotel and Towers; and

THAT it be budgeted on a cost recovery basis.

ADOPTED

4. Uniform System of Coding and List of Services APPENDIX I A
APPENDIX I B

The final version of the Uniform System of Coding and List of Services was distributed to all provincial/corporate bodies and all insurance carriers during the Fall of 1989. All provinces with the exception of Quebec have incorporated the new codes into their 1990 fee guides.

The Committee has been informed by the insurance industry that some "provincial" codes have been included in one particular fee guide. The Committee has encouraged the organization in question to delete these codes or, at least clearly identify these codes as Non CDA-Approved Codes.

There has also been some confusion regarding the use of the new codes for Specialists. The new codes are for the use of both General Practitioners and Specialists and it is anticipated that all specialty fee guides will contain the new codes in 1991.

In cooperation with the Provincial Committees and Specialists Committees, The Third Party Committee is continuing its work of revising the codes. The Committee wishes to extend its sincere thank you to the Provincial Committees and to the Specialists for their valuable contribution to the revision.

The Committee has received several recommendations for new codes or for changes to the list from provincial groups and Specialists which the Committee has not approved for recommendation to this Board. We have presented a list of requested codes which were NOT approved, together with the names of the organization making each request.

As an ongoing revision of the Uniform System of Codes and List of Services,

RESOLVED:

APPENDIX I A

90.71 THAT the revisions to the Uniform System of Codes and List of Services, as outlined in Appendix I A, be accepted and implemented January 1, 1991, as amended.

ADOPTED

RESOLVED:

APPENDIX I B

- 90.72 THAT the revisions to the Uniform System of Codes and Lists of Services, as outlined in Appendix I B, not be accepted.

ADOPTED

- NOTE: Refer to Resolution 90.69 in the Taxation Committee report regarding direction by the Board of Governors for a code for cosmetic procedures.

5. Plain Paper Claim Form

With the introduction of EDI, the method of submitting Dental Claim Forms will change in Canada. This will necessitate CDA's recognition of paperless claim formats and plain paper claim forms. In order to avoid the necessity of a second computer printer in the dental office, the Committee has designed a plain paper claim form to be used to submit claims to secondary carriers and to non EDI carriers.

RESOLVED:

- 90.73 THAT the Plain Paper Claim Form be recognized as a Standard CDA Claim Form.

ADOPTED

6. Dialogue in Dentistry

APPENDIX II, III, IV

Through the efforts of Dr. Peter Edmison and Pat Duminy at the DID office, a Contact Dentist PR Kit, a Cost Containment Package and a Letter on Capitation, have been developed and are ready for distribution.

RESOLVED:

- 90.74 THAT the PR Kit, the Cost Containment Package and the Letter on Capitation be approved.

ADOPTED

The following projects are continuing:

- A. Advertising DID services - ads in Benefits Canada magazine. **APPENDIX V**

To date the DID office has received 25 requests from companies with 50 to 5,000 employees - not including dependents.

A complete list of responses has been sent to each province for their information.

- B. Communication with Provincial Coordinators, recent correspondence uncovered a capitation plan underwritten by a major canadian insurance company.

- C. With some restraint the DID program appears to be following the budget.

- D. Consideration is being given to attending the A.D.A. Benefits Conference in Chicago in July.

7. EDI Sub-Committee

APPENDIX VI

The EDI Sub-Committee report is appended.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

8. 1990 Convention - Ottawa

Members of the Third Party Committee, Dr. Peter Edmison, Susan Matheson and Pat Duminy will be available at the CDA Convention Booth to promote EDI and DID and to respond to any questions related to Third Party activities.

9. Appreciation

Dr. Donald Gutkin, one of the original members of the Committee is now completing his term. Dr. Gutkin's contribution to the Committee has been immense, particularly in the revision of the codes and in development of CDAnet. His contribution will greatly missed. Dr. Dolansky is also leaving the Committee at this time and, likewise, we will miss his contribution. The Committee would also like to recognize the contribution made by Dr. Gerald Albert who provided the French translation of the USCLS.

No Committee can function well without excellent support. The Committee recognizes the tremendous effort that we get from all the staff at CDA, particularly, Ms. Susan Matheson, Mrs. Pat Duminy, Dr. Peter Edmison and Mr. Brian Henderson.

Respectfully submitted,

Toby Gushue, D.D.S.
Chairman, Third Party Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Third Party Dental Plans Committee.

The revisions to the Uniform System of Codes and Listing of Services were presented and approved by the Board of Governors and will be incorporated in the USCLS in January 1991.

APPENDIX I B

THE THIRD PARTY DENTAL PLANS COMMITTEE DOES NOT RECOMMEND THE ADOPTION OF THE FOLLOWING CHANGES AND/OR ADDITION TO THE USCLS.

1. Requested by College of Dental Surgeons of British Columbia:

- | | |
|-------------|--|
| 11104 | Polishing only, not involving Scaling, Permanent Dentition |
| 20141 | Pulp Capping, Direct performed at the same appointment as the permanent restoration to include placement of Ca(OH) ₂ . This base material procedure is to be used with extensive decay or breakdown where a carious pulp exposure is susceptible. It is not to be used where decay removal is slightly below ideal preparation depth. |
| 29501 | Precision fabricated non-rigid connector + L. |
| 43417 | 1/2 unit of Scaling |
| 43427 | 1/2 unit of Root Planing. Apicoectomy/Apical Curettage as separate procedure. |
| 43431-43439 | Scaling and/or Root Planing by Periodontist |
| 43431 | One unit of time |
| 43432 | Two units of time |
| 43433 | Three units of time |
| 43434 | Four units of time |
| 43435 | Five units of time |
| 43436 | Six units of time |
| 43437 | 1/2 units of time |
| 43439 | Each additional unit over six |

2. Requested by Ontario Dental Association

- | | |
|-------|--------------------------------------|
| 92320 | ORAL SEDATION |
| 92321 | Per administration of sedative drug. |

3. Requested by Alberta Dental Association

- | | |
|-------|---|
| 01905 | Examination, Orthodontic for those patients with severe malocclusions requiring multidisciplinary diagnosis and treatment planning. |
| 01908 | Examination, Orthodontic, specific already exists as 01902. |

13710 Disking due to caries, utilizing medicinal aids.

43410 Scaling

43411 one unit of time
43412 two units of time
43413 three units of time
43414 four units of time
43415 five units of time
43416 six units of time
43419 each additional unit over six

Request that this code be moved to the Preventive Section.

Request for a code for surcharge for Alveoplasty and/or Denture alteration.

4. Requested by Canadian Academy of Endodontics

01202 Examination, Limited Oral, Previous Patient (recall)
Add (SPECIFIC ORAL EXAMINATION)

01204/01205 Request to combine these codes.

01204 Examination, Specific

Examination and evaluation of a specific situation in a localized area

01205 Examination, Emergency

Examination for the investigation of discomfort and/or infection in a localized area

20110 Add "Indirect" to the description of pulp capping.

20140 Request new wording Pulp Cap, Direct (performed at the same appointment as the permanent restoration, to include the placement of Ca(OH)₂).

33000 Request to remove "Follow-up Care" from the general description of "Root Canal Therapy".

- 34130/34140 Request to delete from the Guide.
- 34130 Apicoectomy/Apical Curettage, Performed in
Conjunction with Endodontic Obturation,
Uncomplicated
- 34140 Apicoectomy/Apical Curettage, Performed in
Conjunction with Endodontic Obturation,
Complicated by Anatomic and/or Pathologic
Condition
- Request for separate codes for Endodontic
instead of using Oral Surgery codes. The USCLS
is a general and encompassing guide for all
practitioners.
- 97120 Bleaching, Vital, Home treatment (Includes:
custom medication carrier, dispensing of the
kit, and observation).
- 97121 Maxillary arch + E + L
- 97122 Mandibular arch + E + L
- 97123 Maxillary plus Mandibular combined
+ E + L

5. Requested by CDA Taxation Committee

Request for a code for Cosmetic Dentistry. The Committee
disagrees at this time.

The PR Kit for Dialogue in Dentistry was presented and approved by the Board of Governors and is available from CDA upon request.

The Cost Containment Package was presented and approved by the Board of Governors and is available from CDA upon request.

ANTI CAPITATION CAMPAIGN

APPENDIX IV

LETTER TO BE SENT TO DENTISTS IN THE TARGET AREA OF NEW CAPITATION PROGRAMS

Dear _____

It has come to our attention that the _____ a capitation/managed care promoter, is marketing or has sold a plan to _____. This letter is to advise you of this initiative and reinforce the CDA's concerns inherent in this type of program.

As you know, under Capitation, the dentist agrees to provide specific services for specific patients for a specified period of time for a fixed fee per subscriber, regardless of the amount or nature of the care required.

It is the dentist who assumes the financial risk as opposed to an insurer or the patient directly in a fee-for-service modality.

The hybrid plans marketed today combine elements of fee-for-service and capitation, often hidden in the structure of the "cap rate" paid to the dentist and often confusing in the contract. Many plans structure their "cap rates" on the basis of an arbitrary dollar per hour amount which necessitates a thorough understanding of your costs per hour in order to determine if your costs will be met.

Any form of "contract practice" requires a complete understanding of your legal responsibilities to the contractor and the professional implications relative to advertising, discount dentistry and ethical practice.

For further information, please refer to:

- 1) The CDA Third Party Dental Plans Committee, "A Handbook on Capitation".
- 2) Your College/Association office.
- 3) The CDA Dialogue in Dentistry program .

Yours sincerely

DID Provincial Coordinator

APPENDIX V

These strategies include:

- 1) Employee involvement: using the creative insights of staff at all levels.
- 2) Employee development: giving workers the skills to empower them on the job.
- 3) Performance measures: giving employees feedback on productivity, profitability and quality.
- 4) Communications: gaining insight into day-to-day operations, informing employees of problems and priorities, and keeping them posted on results.

Compensation based on performance becomes a scoreboard rather than a report card. It can mean switching the entire work force to salaries and getting rid of punch clocks for hourly employees. Some plans focus on cost control rather than performance improvement. For example, two-tiered pay allowed several U.S. airlines facing restructuring to administer lower job rates for new pilots than those for their senior counterparts. A skill-based pay program takes the radical stance of paying for what individuals know rather than an abstract job description.

Innovative schemes can include paying staff who are already receiving competitive salaries with lump-sum, renewable bonuses for commendable performance instead of adding permanent salary increases to payroll. In non-cash programs, cafeteria benefits recognize the changing priorities and needs of a diversified workforce.

WHAT IS LIKELY TO WORK

In designing an innovative compensation package, the employer should start by understanding the goals of the enterprise. Little is accomplished by applying a new compensation approach just because it sounds interesting, it worked for a competitor, or it fits an approved view of human nature. Alternative reward systems must help the employer to face the economic challenges of a global economy, and to find and keep qualified staff.

Interest in alternative compensation programs is on the rise. Sev-

enty-five percent of firms sampled in a recent Conference Board of Canada study say they will apply more variable compensation plans in the near future. However, it's still too early to judge their acceptance. Studies of existing plans point to several common principles for success.

- 1) Viable reward innovations start with a strategy based on a clear

vision of the organization's direction. The most successful plans are created during business start-ups. Plans adopted during a crisis are more likely to fail; so are programs instituted simply to keep up with the competition or to discourage unionization.

- 2) Successful plans are those in organizations that have made all the tough decisions about downsizing

Dental Benefit Plans

Costly? Confusing? Aggravating?

We can help.

The Dialogue in Dentistry Program of the Canadian Dental Association is a *free service* to help plan purchasers select a suitable dental insurance plan.

For information and a copy of our cost containment package, contact Mrs. Patricia Duminy of the Dialogue in Dentistry Program of the Canadian Dental Association.

Canadian Dental Association

1315 Alta Vista Drive
Ottawa, Ontario, Canada
K1G 3Y6

Telephone 613 523 1770 Facsimile 613 523 7736

EDI SUB-COMMITTEE

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Bernie Dolansky, Chairman, Ottawa
 Dr. Toby Gushue, St. John's
 Dr. Don Gutkin, Winnipeg
 Dr. Don MacFarlane, Vancouver

Executive Liaison: Dr. Bernie Dolansky, Ottawa

Coordinator: Ms. Susan Matheson

1. Committee Meetings

January	12	CDA/ODA Management Meeting
	16	ACE Meeting - Ottawa
	17	SHNS Meeting - Toronto
February	1 & 2	Meeting with NDC Atlanta Georgia
	9	Meeting with Fraser & Beatty
	16	Meeting with SHN Toronto
	23	Meeting with Fraser & Beatty Ottawa
	26	Meeting with NDC Ottawa
	28	ACE meeting Toronto
March	2	Vendors Meeting
	14	Meeting with EXAN Ottawa
	15	Meeting with Manifest Ottawa
	19	Meeting with Maritime Medical Care
	20	Meeting with MCC, St. John's Nfld.
	28	Meeting with Manifest
April	5	ACE Meeting
	6	Tech. meeting Toronto
	24 & 25	Alberta Dental Association
	26	Vancouver - BC Dental Association
	26	Tech. meeting Toronto
May	3 & 4	ODA Convention Toronto
	4	Nfld. Dental Association meeting
	4	New Brunswick Dental Association Meeting
	6	Nova Scotia Dental Association Meeting
	25 & 26	EDI Committee Meeting

June	1	Meeting with Johnson Insurance & clients
	16	NSDA Annual Meeting

The EDI Sub-Committee held the following conference calls:

- February 12, 1990
- March 15, 1990
- April 8, 1990
- May 14, 1990

ITEMS REQUIRING BOARD APPROVAL

APPENDIX A, B, C, D

2. Technical Standards - The technical standards for CDAnet

The copyright of the Technical Standards belongs to the CDA, and is subject to CDA's various contractual arrangements. APPENDIX A contains an opinion from Fraser & Beatty regarding the extent to which this copyright arrangement protects CDA from "copy cats".

RESOLVED:

90.75 **THAT the CDA Telecommunication Standard for Electronic Dental Claims as presented in APPENDIX B become the standard for Dental EDI in Canada.**

ADOPTED

RESOLVED:

90.76 **THAT the Standard Electronic Claim Form, as presented in APPENDIX C, be adopted as the Standard Electronic Dental Claim form in Canada.**

ADOPTED

RESOLVED:

90.77 **THAT the Legal Agreements presented in APPENDIX D be approved by Executive Council.**

ADOPTED

3. Signature on File

RESOLVED:

90.78 THAT the signature on file format for those practitioners who participate in CDAnet shall be:

I authorize release, to my insuring company plan administrator, the information contained in claims submitted electronically.

Signature of Patient (Parent/Guardian)

ADOPTED

RESOLVED:

90.79 THAT those participants in CDAnet who wish to accept payment on an assignment basis shall use the following signature on file format.

I hereby assign my benefits payable from claims submitted electronically to Dr. _____ and authorize payment directly to him/her.

Signature of Subscriber

ADOPTED

ITEMS FOR INFORMATION ONLY - NOT REQUIRING BOARD ACTION

4. Data Extract:

APPENDIX E

The Committee is formulating proposals with regard to the data base that will be generated by the EDI system. The CDA recognizes that the provincial participants own the data and it is felt that there are joint efforts that can be made in order that all the participants will best benefit from this unprecedented resource. Once these proposals are drafted the Committee will take them to the Corporate Bodies for their comment and participation.

5. CDAnet Marketing Plan

Management Committee has allocated a budget for the implementation of the Marketing Plan that was approved in principal at the 1990 Interim Board Meeting. Manifest Communications is developing a package of materials for the marketing of CDAnet to Canadian dentists. These materials are targeted for completion in August and will be presented at the Annual Board Meeting.

Dr. Ralph Crawford, Journal Editor, and the Journal staff have been working on a special EDI Supplement for the September Journal. We all look forward to seeing this material.

Although Linda Teteruck is not listed as official Staff Liaison to this Committee, the Committee recognizes the significant ongoing contribution Linda is making in the EDI marketing area.

6. Technical Arrangements

There is one significant area, the Coordination of Benefits, where the Committee continues its ongoing technical work. COB occurs when more than one carrier has liability for a dental claim. This is a matter of concern mainly for assigned benefits.

It has been resolved that in the initial stages of EDI the primary claim will go to the primary carrier, electronically. Depending on the capability of that carrier, this claim will be handled either on line in real time or it will be batched. When the Explanation of Benefits (EOB) is received by the dental office, this EOB will be sent to the secondary carrier by mail. This will result in a shortened process in comparison to what happens presently, without EDI. The Committee has been in contact with CLHIA, who have struck a Committee that is currently working on new proposals for COB. We are awaiting the results of their discussions so that they may be incorporated into the new COB formats in the EDI system. Our goal is to make COB an entirely Electronic process.

7. EDI Launch

Following pilot projects for EDI which will take place over the summer months we will be launching CDAnet and EDI in Canadian dentistry at the 1990 CDA Annual meeting. We will invite representatives of the Insurance companies and the networks to attend the CDA Convention, on Sunday night and Monday in order to properly inaugurate this new era in Dental Third Party relations. CDA has participated in press releases with the various players in Dental EDI, including ACE and NDC. CDA will also be participating with ACE, NDC SHNS and Interassure in whatever arrangements they may wish to make for their own "coming out parties" for EDI.

8. Appreciation

The Committee and especially the Chairman thanks Mr. Brian Henderson, Ms. Susan Matheson, Mrs. Pat Duminy and the entire Professional Services Department staff for the support we have received in accomplishing this EDI project.

Respectfully submitted,

Bernie Dolansky, B.A., D.D.S., M.Sc.
Chairman, EDI Sub-Committee

FRASER & BEATTY

Barristers and Solicitors

GORDON G. BUCHAN

BY HAND

May 25, 1990

Dr. Bernie Dolansky
c/o Canadian Dental Association
1815 Promenade Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Bernie:

**Re: Intellectual Property Rights in
CDA Telecommunications Standard for
Electronic Dental Claims**

This letter will confirm our telephone conversation regarding the above subject-matter.

As discussed, copyright would exist in the actual document that you provided me with entitled "Canadian Dental Association Telecommunications Standard for Electronic Dental Claims". Copyright would also exist in any printed forms that are used in association with dental claims, assuming that there is at least some originality, albeit very little, involved in the creation of these forms.

Concerning the screen display information, it is not clear under Canadian law whether copyright exists in the screen display itself or only in the underlying computer program which generates the screen display. If it is the former, you have copyright protection which would allow you to stop a third party from copying your screen display. If it is the latter, you would have copyright protection in the underlying

computer program that generates the screen display. Although it is by no means certain, we are of the view that copyright protection in the underlying computer program would also extend to the screen display. This would cover the situation where a third party used a different computer program to generate the exact same screen display as yours.

There has been much litigation in the United States concerning screen displays, and the decisions have gone both ways. However, the current position is that there is only copyright in the underlying computer code and not a separate copyright in the screen display, as the underlying copyright in the program code extends to the screen display.

Apart from the above, there is no copyright or intellectual property protection that would be available to you. This is particularly true of the actual protocol that is described in the Telecommunications Standard document. Any third party could legitimately use the protocol that has been developed.

To illustrate these principles, we can use a board game as an example. In a game, there is copyright in the board design and layout, and in the expression of the rules in the printed rules that accompany the game. However, there is no copyright protection in the rules themselves, thus allowing a third party freedom to use the same rules for its own board game as long as it expresses them differently in its printed rules, and uses a game board that is totally different from the original game board.

We would advise, if appropriate, and if you have not done so already, that all copyright be assigned from the creators to the Canadian Dental Association. We can prepare the necessary assignment documents if you wish.

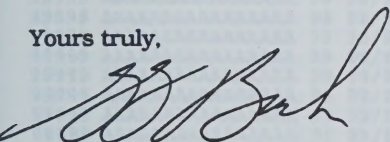
FRASER & BEATTY

In addition to the copyright protection outlined above, there also is common-law trade-mark protection known as "passing off" available to you.

Passing-off occurs when one party makes its services look like the services of another in order to mislead customers into thinking that its services are those of the other. Therefore, if a third party offered a competing dental network that misled dentists and as a result, you suffered damage, you could bring a passing-off action to stop the third party.

If you have any questions, please feel free to call on us.

Yours truly,



Gordon G. Buchan

GGB:mg

cc: John MacFarlane

**The Canadian Dental Association
Telecommunication Standard for Electronic
Dental Claims was presented and approved by the
CDA Board of Governors and is available from
CDA upon request.**

Condon G. Jordan

EXPLANATION OF BENEFITS

999999

UNIQUE ID NO. 999999999

BIRTHDATE: AAA, 29, 9

RELATIONSHIP TO INSURED: AAAAAAAAAAAAAAAAAA

Date Submitted: AAA z9, 99

TOTAL PAYABLE TO INSURED: \$22229.99

[illegible]

727

DRAFT

AAAAAAAAAACARRIERAAAAAAAAAA

DATE : AAA 29, 9999

CARRIER CLAIM NO. AAAAAAAAAAAAAA

DISPOSITION : AA

DENTIST: AAAAAAAAAAAAAAAAAAAAAA

UNIQUE ID NO. 999999999

ADDRESS: AAAAAAAAAAAAAAAAAAAAAA

OFFICE No. 9999

AAAAAAAAAAAAAAAAAAAAA
AAAAAAAAA (QPRV A9A 9A9

TELEPHONE. 999 999-9999

PATIENT: AAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAA BIRTHDATE: AAA 29, 9

PATIENT ADDRESS: AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA

AAAAAAAAAAAAAAAAAAAAA PRV A9A 9A9

POLICY #: AAAAAAA

DIVISION/SECTION NO: AAAAAAA

INSURED: AAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAA

CERTIFICATE NO: AAAAAAAAAAAAAA

PROCEDURE	TE	SURF	DATE	CHARGE	LAB	TOTAL
99999 AAAAAAAAAAAAAAAAAAAAAA	99	AAAAA	99/99/99	2229.99	2229.99	2229.99
99999 AAAAAAAAAAAAAAAAAAAAAA	99	AAAAA	99/99/99	2229.99	2229.99	2229.99
99999 AAAAAAAAAAAAAAAAAAAAAA	99	AAAAA	99/99/99	2229.99	2229.99	2229.99
99999 AAAAAAAAAAAAAAAAAAAAAA	99	AAAAA	99/99/99	2229.99	2229.99	2229.99
99999 AAAAAAAAAAAAAAAAAAAAAA	99	AAAAA	99/99/99	2229.99	2229.99	2229.99
99999 AAAAAAAAAAAAAAAAAAAAAA	99	AAAAA	99/99/99	2229.99	2229.99	2229.99
99999 AAAAAAAAAAAAAAAAAAAAAA	99	AAAAA	99/99/99	2229.99	2229.99	2229.99

BENEFIT AMOUNT IS PAYABLE TO: INSURED/DENTIST TOTAL SUBMITTED \$2229.99

THIS CLAIM HAS BEEN SUBMITTED ELECTRONICALLY - THIS IS A RECEIPT ONLY

MINUTES:

Meeting: Ron Reynolds, Anne Belford, SHNS
Joel Alleyne, Matthew Soong, GSA

Re: Dental Network Standards

Dated: May 23, 1990

Transaction Formats:

- o agreed provider number must be alpha/numeric
 - o agreed to add an example for "reasonableness" check
 - o agreed to add a flag for initial placement
 - o agreed to add language in the return message allowing the carrier to override the language specified from the incoming message
 - o agreed to insert error code to indicate missing line number
 - o agreed to change heading to division/section number
 - o agreed to drop all line item fees to six digits
 - o G11 - agreed that number of note lines should be two characters
 - o G02 - agreed to drop employer certified flag from the EOB
 - o C03 - agreed to add another code for "common-law spouse" and define "other" - elderly care.
 - o G05 - Response Status - agreed to add code for situation where the claim is received successfully by the Network and where an electronic response will be received.
- Agreed to change wording in explanation to accommodate all electronic responses

- o agreed to change secondary division field length to 11
- * agreed to leave negative values out for this version - outstanding for 24 hours
- o agreed to take out "expected payment date" on the ACK.
- o agreed to add field G01 - transaction reference number to the claim reversal transaction.
- o Claim reversal transaction - field G07 - positions should be changed
- o agreed to leave the relationship code description as 3 - child as opposed to dependent
- * agreed to expand the number of note lines for an EOB to as many as fit on the form - 24 hours
- * agreed to add a field on EOB transactions for - will require an additional line - will take 24 hours
- o Request for Pended Claim:
 - o agreed to add that a request for pended claim should not go over the network unless there are outstanding responses from the network
 - o if there are no responses from the network, the network will respond with an ACK transaction, response status "R" and a disposition field with an error code indicating that there are no network responses.

Dictionary:

- o A06 - outstanding - CDA will issue software system id's - will not be in the standard - part of the certification process
- o A08 - "0" means no additional information
- o F08 - GSA will confirm and change
- o G08 - agreed to leave as "expected payment date"
- * G01 - Transaction Reference Number - a discussion took place as to whether or not this should be mandatory - outstanding - GSA will take 24 hours
- * G19 - G25 - outstanding 24 hours

- o G26 - note area - discussed an array versus reference numbers followed by note lines - agreed on an array
- o agreed to add a 10A field to the outbound EOB

Other Issues:

- o COB - suggest a letter to all carriers regarding the plain paper EOB - GSA to issue the letter - SHNS to submit something to GSA prior to the letter - why it is not an issue

APPENDIX D

The legal documents presented at the Board Meeting were:

1. CDA/ACE Agreement
2. CDA/Interassure Agreement
3. Subscription Agreement (for D.D.S. Participant)

The updated legal agreement between CDA/SHNS was not available for review by the Board of Governors.

DATED: July 17, 1990

CANADIAN DENTAL ASSOCIATION

- and -

THE ASSOCIATION FOR CLAIMS EXCHANGE

- and -

ACECO LTD.

CDAnet AGREEMENT

FRASER & BEATTY
Barristers & Solicitors
1200 - 180 Elgin Street
Ottawa, Ontario
K2P 2K7

THIS AGREEMENT made as of the 17th day of July, 1990.

AMONG:

Canadian Dental Association
(hereinafter referred to as the "CDA")

OF THE FIRST PART

-and-

Those organizations listed in Schedule 1 attached hereto as same may be amended from time to time and such other Persons as become a party hereto in the manner hereinafter referred to

(hereinafter individually referred as a "Claims Processor" and collectively as the "Claims Processors")

OF THE SECOND PART

- and -

Aceco Ltd.
(hereinafter referred to as "Aceco")

OF THE THIRD PART

WHEREAS:

(a) it is proposed that the processing and adjudication of dental claims and the predetermination of a patient's coverage or eligibility will be facilitated by the use of electronic data interchange between dentists and claims processors;

(b) the CDA has entered or proposes to enter into one or more agreements respecting the use of electronic data interchange between dentists and claims processors and respecting the supply of computerized services to dentists;

(c) the Claims Processors have entered into or propose to enter into one or more agreements respecting the provision of a data communications network and the supply of computerized services utilizing facilities of third parties;

(d) the Parties hereto have entered into this Agreement for the purpose of recording their agreement: (i) as to the manner in which the Principal Services shall be offered to dentists and Claims Processors, (ii) as to the manner in which CDAnet™ and On Call-The Insurance Network™ shall be licensed, (iii) as to the manner in which the Network will be financed and operated, and (iv) to provide for certain rights, obligations and liabilities among the Parties.

NOW THEREFORE, in consideration of the mutual covenants and agreements herein contained the Parties hereto agree as follows:

ARTICLE 1.00 - INTERPRETATION

1.01 Parties

This Agreement shall be binding upon each Claims Processor that signs an acknowledgement substantially in the form of Schedule 2 signifying the agreement of such Claims Processor to be bound by this Agreement. Each Claims Processor that signs an acknowledgement substantially in the form of Schedule 2 agrees to be bound to the CDA, to Aceco and to all other Claims Processors. CDA, Aceco and the other Claims processors agree to be bound to such Claims Processor upon delivery to each of the CDA, Aceco and the ACE Committee of a copy of Schedule 2 executed by that Claims Processor. Schedule 1 shall mean the most recent Schedule 1 certified to be correct by the Chairman of the Ace Committee and by the Chairman of the CDAnet Committee.

1.02 Definitions

In this Agreement,

(a) "ACE" means the continuing voluntary unincorporated association formed by the Claims Processors and generally known as The Association For Claims Exchange.

(b) "ACE Committee" means the committee referred to in Section 3.02.

(c) "ACE Services" means the Special Services offered by or endorsed by ACE.

(d) "Agreement" means this Agreement, all schedules attached hereto, all documents incorporated by reference herein and all instruments supplemental hereto or in amendment or confirmation hereof; "hereof", "hereto" and "hereunder" and similar expressions mean and refer to this

Agreement and not to any particular article or section; "Article" or "Section" means and refers to the specified article or section of this Agreement.

(e) "Business Day" means a day other than a Saturday, Sunday or any day prescribed by the Government of Canada as a national holiday.

(f) "CDAnet"TM is the trade-mark owned by the CDA to describe and identify CDAnet Services and includes any alternative trade-mark selected by the CDA to replace the trade-mark CDAnet.

(g) "CDAnet Committee" means the committee referred to in Section 3.01.

(h) "CDAnet Services" means the Principal Services and the CDAnet Special Services.

(i) "CDAnet Special Services" means the Special Services offered by or endorsed by the CDA.

(j) "Contract Year" means the 12 month period commencing on the Effective Date and each subsequent 12 month period.

(k) "Data Extract" means data extracted from Dental Claims and Predeterminations in the format and according to the specifications set forth in Schedule 4 hereto.

(l) "Dental Claim" means the Messages transmitted through the Network which collectively constitute the submission by a Subscriber of a dental claim to a Claims Processor and an acknowledgement of receipt by the Claims Processor which acknowledgement may include an adjudication.

(m) "Dental Firm" means a corporation (if and when permitted by the Subscriber's provincial dental association and college), partnership or unincorporated association which is duly registered or licensed to practise dentistry anywhere in Canada.

(n) "Dentist" means an individual who is duly registered or licensed to practise dentistry anywhere in Canada.

(o) "Effective Date" shall mean the date first mentioned at the commencement of this Agreement.

(p) "Initial Term" shall mean the period commencing on the Effective Date and continuing thereafter for a period of four years.

(q) "Live Date" means the date after which the Network has successfully passed the Pilot Test (as defined in the NDC Agreement) and when, (i) the Network is live and ready for use by the Subscribers and the Claim Processors, and (ii) the ACE Committee has certified to the CDAnet Committee that Confederation Life Insurance Company, Metropolitan Life Insurance Company and Ontario Blue Cross are ready to receive and process dental claims submitted through the Network.

(r) "Message" means the data relating to a Transaction and transmitted electronically between the sender and the recipient.

(s) "NDC Agreement" means that certain Network Services and Management Agreement dated as of the April 23, 1990 made between the Claims Processors and National Data Corporation of Canada Ltd. a true copy of which is attached as Schedule 6 hereto.

(t) "Network" means the data communications network provided and managed by the Network Provider on behalf of the Parties to provide for the electronic interchange of Messages.

(u) "Network Provider" means National Data Corporation of Canada Ltd. or such other Person approved by the ACE Committee and the CDA to provide and manage the Network.

(v) "On Call-The Insurance Network" is the trade-mark owned by Aceco to describe and identify ACE Services and includes any alternative trade-mark selected by Aceco to replace the trade-mark On Call-The Insurance Network.

(w) "Party" means a party to this Agreement and its permitted successors and assigns.

(x) "Person" means any individual, corporation, company, partnership, trustee, or trust or unincorporated association and pronouns have a similar extended meaning.

(y) "Predetermination" means the Messages transmitted through the Network which collectively constitute a request by a Subscriber to a Claims Processor for a predetermination

of a patient's coverage or eligibility and an acknowledgement of such request.

(z) "Principal Services" means Transactions which are Dental Claims or Predeterminations.

(aa) "Protocol" means the standards, the methods and the procedures for the formatting, structuring and transmission of Messages as specified in the document attached as Schedule 3 hereto.

(bb) "Reporting Period" means each month in each Contract Year not included in other periods of time constituting a Reporting Period.

(cc) "Special Services" means computerized services of any kind other than the Principal Services.

(dd) "Subscriber" means a Dentist or Dental Firm, as the case may be, who subscribes to CDAnet.

(ee) "Transaction" means any communication made or transaction carried out between a Subscriber and a Claims Processor in respect of the Principal Services.

(ff) "Transaction Log" means a record of all Transactions.

(gg) "Usage Percentage" means the number of all dental claims received by the Claims processors through the Network divided by the total number of dental claims received by the Claims Processors multiplied by 100 and expressed as a percentage.

(hh) All other capitalized terms used in this Agreement shall have the meanings set forth in the NDC Agreement unless the context otherwise requires.

1.03 Gender and Number

Words importing the singular shall include the plural and vice versa, and words importing gender shall include the masculine, feminine and neuter genders.

1.04 Headings

The headings contained in this Agreement are for convenience of reference only and in no way affect the interpretation of this Agreement.

1.05 Applicable Law

This Agreement shall be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein and shall be treated in all respects as an Ontario contract.

1.06 Severable

If any provision of this Agreement shall be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions of this Agreement shall not in any way be affected or impaired thereby.

1.07 Entire Agreement

This Agreement constitutes the entire agreement between the Parties relating to the subject matter hereof and supercedes all prior formal and informal agreements, proposals, promises, inducements, representations, conditions, warranties, understandings, negotiations and discussions, whether oral or written, of the Parties.

1.08 Amendment

No supplement, termination, modification, waiver or amendment of this Agreement shall be binding unless in writing and either (i) executed by the Parties to be bound, or, (ii) in respect of those matters which are delegated to the Chairman of the CDAnet Committee or to the CDAnet Committee, executed by the Chairman of the CDAnet Committee, or, (iii) in respect of those matters which are delegated to the Chairman of the Ace Committee or to the ACE Committee, executed by the Chairman of the ACE Committee.

1.09 Waiver

A waiver by a Party of a breach of any of the provisions of this Agreement by any of the other Parties shall not take effect or be binding on the Party unless in writing and signed by the Party. Unless otherwise provided therein, such waiver shall not limit or affect the rights of the Party with respect to any other breach.

1.10 Time of Essence

Time shall be of the essence of this Agreement and every part thereof.

1.11 Successors and Assigns

This Agreement shall enure to the benefit of and shall be binding upon the Parties and their respective permitted successors and assigns.

1.12 Assignment

Neither this Agreement nor any part thereof shall be assignable or transferable by operation of law or otherwise, including by way of merger, amalgamation, or otherwise, by Aceco or by a Claims Processor without the prior written consents of the CDA and the ACE Committee which consents shall not be unreasonably withheld. The CDA shall not assign this Agreement or any part thereof without the consent of the ACE Committee which consent may not be unreasonably withheld.

1.13 Calculation of Time Periods

When calculating the period of time within which or following which any act is to be done or step taken pursuant to this Agreement, the date which is the reference day in calculating such period shall be excluded. If the last day of such period is not a Business Day, the period in question shall end on the next Business Day.

1.14 Counterparts

This Agreement may be executed in two or more counterparts, each of which shall be deemed to be an original and all of which together shall constitute one and the same agreement and notwithstanding their date of execution shall be deemed to bear the formal date of the Effective Date.

1.15 Independent Contractors

This Agreement does not constitute and shall not be construed as constituting a partnership or joint venture between the Parties hereto. Except as may otherwise be specifically provided, no Party shall have any right to obligate or bind any other Party in any manner whatsoever and nothing contained in this Agreement shall give or is intended to give any rights of any kind to any Person not a Party to this Agreement. Each Party shall ensure that neither it nor any of its employees represent to any third party that it or they are servants or agents of the other except and only to the extent as may otherwise be specifically provided in this Agreement.

1.16 Survival

All provisions of this Agreement which by their terms or by reasonable implication are to be performed, in whole or in part, after the termination of this Agreement, shall remain in full force and effect after termination of this Agreement until such time as the Parties may mutually agree to the release of the obligations contained therein.

1.17 Description of Schedules

The following are the Schedules attached to and incorporated into this Agreement by reference and deemed to be a part hereof:

- Schedule 1 - List and Addresses of Claims Processors
- Schedule 2 - Form of Acknowledgement
- Schedule 3 - Protocol
- Schedule 4 - Data Extract
- Schedule 5 - Marketing Plan
- Schedule 6- NDC Agreement

ARTICLE 2.00 - The Network

2.01 NDC Agreement

(a) No agreement for Principal Services or services similar to Principal Services between the Claims Processors and a Network Provider shall be entered into without the prior written approval of the CDA which approval shall not be unreasonably withheld. The CDA hereby approves the NDC Agreement in the form attached hereto as Schedule 6. The Claims Processors agree to execute and deliver the NDC Agreement.

(b) The Claims Processors shall enforce the rights and remedies of the Claims Processors under the NDC Agreement for the benefit of the CDA to the extent that the same effect the subject matter of this Agreement.

(c) No variation, modification, amendment or termination of the NDC Agreement shall be made without the prior

written consent of the CDA which consent shall not be unreasonably withheld.

(d) No consent, approval or acceptance by the Claims Processors or the Chairman of the ACE Committee under or pursuant to the NDC Agreement shall be given without the prior written consent of the CDA which consent shall not be unreasonably withheld.

(e) The Claims Processors hereby grant the CDA a perpetual, paid-up license to use, modify and sub-license the Custom Software for its own purposes.

(f) The Claims Processors agree to provide the CDA with one copy of all Custom Software, Software Documentation, Design Specifications, NDC Documentation and all future releases and versions and all updates, enhancements or additions to any of the foregoing (referred to in this Section collectively as the "Software and Documentation") to the extent and as soon the Claims Processors may do so without infringing the rights of any other Person or without breaching any obligation owed by the Claims Processors to any other Person. The Claims Processors shall not grant any rights to any Person or incur any obligation to any Person which would have the effect of restricting the CDA's access to or use of the Software and Documentation without the CDA's prior written consent.

(g) The Claims Processors shall cause the Network Provider to analyze and take action to determine the cause of all faults, failures or alarms in the Network and to take prompt appropriate corrective action to restore the Network to proper operating condition.

(h) The Claims Processors shall take all commercially reasonable steps necessary to maximize Network Availability.

(i) No variation, modification or amendment of the Implementation Schedule shall be made without the prior written approval of the CDA. At all times the Claims Processors and the CDA shall adhere to the schedule of events and the timings therefor as set out in the Implementation Schedule. The Claims Processors and the CDA shall report to each other as mutually agreed upon as to the progress being made by each of them in relation to the various events set out in the Implementation Schedule, and any delays being encountered and the action being taken to recover from such delays.

2.02 Scope

The provisions of this Agreement shall apply to all Messages which relate to Transactions. Where possible, all such Transactions shall be effected by means of Messages.

2.03 Messages

All Messages shall be structured in accordance with the specifications and procedures set out in the Protocol.

2.04 Reliance

A recipient of a Message transmitted in compliance with the requirements of Section 2.03 shall be entitled, for all purposes, to assume that the content of such Message as received by it is accurate and complete and has been authorized by the sender thereof and to act in reliance upon such Message unless and until notice to the contrary is actually communicated to the recipient. A recipient shall have no responsibility or liability for any inaccuracy in a Message.

2.05 Authorization

Each Claims Processor shall establish such system or method of internal authorization to transmit Messages as it considers appropriate. Such system or method of authorization shall specify the individuals who may transmit or effect the transmission of Messages and the means by which such transmission will be effected.

2.06 Integrity

If the recipient of a Message reasonably suspects that a Message is inaccurate or has been corrupted in transmission, the recipient shall promptly notify the sender and request clarification. The recipient shall not be entitled to act in reliance upon such Message pending clarification by the sender. Where so notified, the sender shall promptly retransmit such Message. If a recipient of a Message reasonably suspects that such Message is not intended for it, it shall promptly notify the sender to that effect.

2.07 Reviews

The ACE Committee and the CDA Committee shall periodically review the appropriateness of the Protocol and the Network and shall cooperate in implementing such revisions and modifications thereto as may be mutually agreed upon between the ACE Committee and the CDA Committee as enhancing the transmission and receipt of Messages and the operation of this Agreement. If new releases of the Protocol or new releases of technical procedures and

rules applicable to the transmission of Messages conforming to the Protocol are promulgated by any organization which assumes responsibility for same, the ACE Committee and the CDAnet Committee shall jointly determine whether any such new releases are to be adopted by them for purposes of this Agreement.

2.08 Security of Network

The Parties shall undertake all steps necessary to prevent unauthorized access to and use of the Network and to prevent unauthorized access to or use of Messages. The security precautions shall be to the highest available standard.

2.09 Claim Processor's Obligations

Each Claims Processor agrees (i) to receive dental claims submitted through the Network, (ii) to provide predeterminations through the Network, (iii) to process Dental Claims and adjudications efficiently, (iv) to promptly provide Predeterminations and (v) to generally undertake all commercially reasonable steps to facilitate or enhance the foregoing.

2.10 Transaction Log

The CDA shall have the right from time to time upon reasonable prior notice to retain an independent auditor to inspect and copy extracts from the Transaction Log for purposes only of a security, performance or financial audit. The auditor shall not be entitled to access to the Transaction Log for purposes of additional data extract. The CDA agrees to keep all information received by it from the auditor confidential and further agrees to require the auditor to keep such information confidential. It is understood and agreed that nothing contained herein requires the disclosure of any Claims Processor or patient confidential information.

2.14 CDA's Endorsement of the Network

The CDA hereby agrees to endorse the Network to provide CDAnet Services to dentists throughout Canada. Under no circumstances shall CDA show favouritism or in any manner endorse any other network provider or claims processor on more favourable terms than the endorsement given to ACE and the Claims Processors for Principal Services.

SECTION 3.00 - ORGANIZATION, OBJECTIVES AND FINANCE

3.01 CDAnet Committee

The CDA shall form a CDAnet Committee which shall be comprised of authorized representatives of the CDA. The CDA hereby appoints the CDAnet Committee to act for CDA in all matters specifically set out herein and agree to be bound by the decisions of the CDAnet Committee to the same extent as if the decisions had been made by the CDA. Upon the date of execution of this Agreement by the CDA, and from time to time, the CDA shall provide the Claims Processors with the name of the Chairman of the CDAnet Committee, which Chairman shall have the authority to act on behalf of the CDA and the CDAnet Committee for the purpose of carrying out the rights and obligations of same pursuant to this Agreement.

3.02 ACE Committee

The Claims Processors shall form an ACE Committee which shall be comprised of authorized representatives of the Claims Processors. The Claims Processors and Aceco hereby appoint the ACE Committee to act for the Claims Processors in all matters specifically set out herein and agree to be bound by the decisions of the ACE Committee to the same extent as if the decisions had been made by each of the Claims Processors and Aceco individually. Upon the date of execution of this Agreement by the Claims Processors, and from time to time, the Claims Processors shall provide the CDA with the name of the Chairman of the ACE Committee, which Chairman shall have the authority to act on behalf of Aceco, the Claims Processors, ACE and the ACE Committee for the purpose of carrying out the rights and obligations of same pursuant to this Agreement.

3.03 CDAnet Objectives

The Parties acknowledge that their common objective is for Usage Percentage to be:

- (i) 12% by the end of 12 months from the Live Date;
- (ii) 25% by the end of 24 months from the Live Date; and
- (iii) 50% by the end of 36 months from the Live Date.

The CDA shall promote CDAnet to its members at the CDA's expense in accordance with the marketing plan attached hereto as Schedule 5. The marketing plan may be modified from time to time with the mutual approval of the CDA and the ACE Committee.

3.04 Financing

Any and all amounts required from time to time for the purposes of the Network, to develop the Custom Software, to provide, manage and maintain the Network, to provide the Principal Services, or for the fees and charges of the Network Provider, shall be the responsibility of the Claims Processors.

3.05 CDA Fees

In consideration of the the CDA's endorsement of the Network, in consideration of the CDA's role in facilitating electronic data interchange between dentists and Claim Processors and in consideration of the CDA's promotion of CDAnet, the Claims Processors shall pay the CDA a fee as follows:

(i) during the first two Contract Years the Claims Processors shall pay the CDA a fee of fifteen cents (\$0.15) for each Dental Claim submitted by Dentists who are Subscribers to CDAnet;

(ii) during the next two Contract Years the Claims Processors shall pay the CDA a fee of ten cents (\$0.10) for each Dental Claim submitted by Dentists who are Subscribers to CDAnet; and

(iii) thereafter the CDA and ACE Committee shall annually review and agree upon the amount that is to be paid to the CDA by the Claims Processors for each Dental Claim for the subject year. The amount that is to be paid to the CDA by the Claims Processors shall be based, among other considerations, on the CDA's continued marketing efforts as well as organized dentistry's and dental offices' ongoing roles in acting as the principal means of getting dental claims entered into the Claims Processors' adjudication and processing systems. If the CDA and ACE Committee shall be unable to agree on the quantum of the fee to be paid by the Claims Processors to the CDA after good faith negotiations then the fee shall be that amount per Dental Claim that applied in the immediately preceding Contract Year.

The said fees are exclusive of all sales, use, goods and services and consumption taxes.

3.06 Payments

The fees specified in Section 3.05 are payable monthly and shall be paid within thirty (30) days from the end of each Reporting Period. The CDA shall not be under any obligation to invoice ACE or any

Claims Processor in respect of any such fees. If the Claims Processors should fail to pay any amount to the CDA when such amount is due, interest shall accrue on such unpaid amount from the due date of payment to the date of actual payment at the rate of 18% per annum, such interest to be calculated daily with interest on overdue interest at the same rate.

3.07 Records

The Claims Processors agree to maintain and agree to cause the Network Provider to maintain complete and accurate records in sufficient detail so that the fees payable to the CDA hereunder may be ascertained. At the time that the Claims Processors are required to remit fees to the CDA, the Claims Processors shall also furnish to the CDA:

- (i) complete statements certified to be accurate by the Chairman of the ACE Committee showing the total number of Dental Claims during the Reporting Period;
- (ii) complete statements certified by the Chief Financial Officer of the Network Provider showing the total number of Dental Claims during the Reporting Period; and
- (iii) complete statements certified to be accurate by each Claims Processor's Chief Financial Officer showing the total number of Dental Claims received by that Claims Processor during the Reporting Period and the total number of dental claims which were received by that Claims Processor during the Reporting Period.

The receipt or acceptance by the CDA of any of the statements furnished pursuant to this Agreement or any fees paid hereunder (or the cashing of any cheque for fees hereunder) shall not preclude the CDA from questioning the correctness thereof at any time, and in the event that inconsistencies or mistakes are discovered in such statements or payments, they shall be rectified and the appropriate payments immediately made by the Claims Processors to the CDA or credit given to the Claims Processors by the CDA as may be appropriate.

3.08 Subscriber's Hardware and Software

All necessary computer hardware, software, telephone lines and related equipment to be located in a Subscriber's office shall be provided and maintained by and at the expense of the Subscriber.

3.09 Fees Charged to Subscribers

Save and except for any fee or charge that may be authorized or charged by the CDA, a Subscriber shall not be charged or assessed any amount to access and use the Principal Services including, without limiting the generality of the foregoing, network data communication charges in respect of the Principal Services.

3.10 Training

Reasonable training and telephone support on the use of the Network, CDAnet, and On Call-The Insurance Network shall be provided at the expense of the Claims Processors to the Subscribers, to the Subscribers' operators and to the Claims Processors' operators.

3.11 Provincial Dental Associations/Colleges

The CDA shall have the right to negotiate and contract with the individual provincial dental associations and colleges on all matters relating to CDAnet and the Network including, without limitation, the division of the fees to be received by the CDA pursuant to Section 3.05. Notwithstanding the foregoing the Claims Processors may negotiate and contract directly with any provincial dental association or college which is not a participant in or which has not endorsed or adopted CDAnet within one month from the Effective Date. However, if the Claims Processors (or any one or more of them) offer any such provincial dental association or college more favourable terms than are contained herein, the Claims Processors shall offer such terms to the CDA.

3.12 Additional Use of the Network by ACE

The CDA shall have the exclusive right to offer Special Services to Dentists and Dental Firms and the Claims Processors shall not offer any Special Services to any Dentist or to any Dental Firm without the prior written approval of the CDA which approval shall not be unreasonably be withheld. The CDA shall have the exclusive right to negotiate and contract with Dentists and Dental Firms with respect to the Principal Services and the Claims Processors shall not, without the prior written approval of the CDA, negotiate with or enter into any contract with any Dentist or any Dental Firm with respect to the Principal Services or any services similar to the Principal Services. Subject to the foregoing it is understood and agreed that any Party may contract with the Network Provider and other parties to provide Special Services through the Network.

ARTICLE 4.00 - TRADE-MARKS AND LICENSES

4.01 CDAnet Property of the CDA

Each Claims Processor acknowledges that CDAnet is a valid trade-mark and is the sole property of the CDA. No Claims Processor shall retain, acquire or assert trade-mark ownership or any other proprietary rights in and to, or use CDAnet or any confusingly similar derivation, adaptation or variation thereof.

4.02 On Call-The Insurance Network Property of ACE

The CDA acknowledges that On Call-The Insurance Network is a valid trade-mark and is owned by Aceco in trust for the Claims Processors. The CDA shall not retain, acquire or assert trade-mark ownership or any other proprietary rights in and to, or use On Call-The Insurance Network or any confusingly similar derivation, adaptation or variation thereof.

4.03 Grant of License - CDAnet

The CDA hereby grants to each of the Claims Processors a non-assignable and non-exclusive license and right to use, advertise and display in Canada CDAnet but only in association with the provision of CDAnet Services.

4.04 Grant of License - On Call-The Insurance Network

Aceco, at the direction and with the consent of the Claims Processors, hereby grants to the CDA a non-assignable and non-exclusive license and right to use, advertise and display in Canada On Call-The Insurance Network but only in association with the provision of ACE Services.

4.05 Registrations

The CDA agrees to apply for registrations of CDAnet under the Trade-marks Act, and when registered, to maintain such registrations in good standing. The CDA agrees to apply to record each Claims Processor as a registered user of CDAnet for CDAnet Services under the Trade-marks Act. Aceco agrees to apply for registrations of On Call-The Insurance Network under the Trade-marks Act, and when registered, to maintain such registrations in good standing. Aceco agrees to apply to record the CDA as a registered user of On Call-The Insurance Network for ACE Services under the Trade-marks Act.

4.06 Registration Costs - CDAnet

Except as otherwise provided, all costs associated with trade-mark registrations relating to CDAnet or any related opposition proceedings or any registered user registrations shall be paid for by the CDA, including, without limitation, legal fees and trade-mark agent fees. Notwithstanding the foregoing, all registration fees in connection with the registration of the Claims Processors as registered users of CDAnet shall be paid for by the Claims Processors.

4.07 Registration Costs - On Call-The Insurance Network

Except as otherwise provided, all costs associated with trade-mark registrations relating to On Call-The Insurance Network or any related opposition proceedings or any registered user registrations shall be paid for by the Claims Processors, including, without limitation, legal fees and trade-mark agent fees. Notwithstanding the foregoing, all registration fees in connection with the registration of the CDA as a registered user of On Call-The Insurance Network shall be paid for by the CDA.

4.08 Restrictions and Agreements - CDAnet

Each Claims Processor agrees,

(a) not to directly or indirectly do or cause to be done, or omit to do or omit to cause to be done any act with the result that the CDA may suffer a loss of the distinctiveness of the trade-mark CDAnet;

(b) not to use CDAnet in conjunction with any trade name or trade-mark if the use of the trade name or trade-mark would likely be confusing with the use of CDAnet;

(c) not to use CDAnet in any way until it is recorded as a registered user;

(d) that the CDA shall have the right to reasonably control all uses of CDAnet in conjunction with the performance, advertisement and promotion of CDAnet Services;

(e) that it shall conform at all times to applicable laws and regulations and to all government, industry and CDA standards with respect to the performance, advertisement and promotion of CDAnet Services, and that any such performance, advertisement and promotion of CDAnet Services shall be of such style, appearance and quality to ensure the preservation and enhancement of the goodwill attaching to CDAnet;

(f) that the CDA shall have the right to full disclosure of all uses of CDAnet by the Claims Processor;

(g) that all use of CDAnet by the Claims Processor, including but not limited to use on brochures, promotional material, or screen displays, shall be submitted to and approved in writing by the CDA, prior to use by the Claims Processor;

(h) that it acknowledges and agrees that all its uses of CDAnet and the goodwill arising therefrom shall enure to the benefit of the CDA;

(i) that it will not, directly or indirectly, during the term of this Agreement or thereafter, dispute, contest, attack, call into question or cause to be called into question, the validity or enforceability of CDAnet, the ownership rights thereto of the CDA, the right of the CDA to grant the rights herein, the title or any other rights of the CDA in and to CDAnet and the validity of this Agreement;

(j) that it will not market in association with CDAnet any article or service or utilize any material which is pornographic, defective, unsafe, unhealthy, contaminated or could otherwise adversely affect the reputation associated with CDAnet or use any advertising or promotional materials or techniques which would have such adverse effect; and

(k) that it shall give the CDA prompt written notice of any unlicensed use by third parties of CDAnet of which the Claims Processor becomes aware.

4.09 Restrictions and Agreements - On Call-The Insurance Network

CDA agrees,

(a) not to directly or indirectly do or cause to be done, or omit to do or omit to cause to be done any act with the result that the Claims Processors may suffer a loss of the distinctiveness of the trade-mark On Call-The Insurance Network;

(b) not to use On Call-The Insurance Network in conjunction with any trade name or trade-mark if the use of the trade name or trade-mark would likely be confusing with the use of On Call-The Insurance Network;

(c) not to use On Call-The Insurance Network in any way until it is recorded as a registered user;

(d) that ACE shall have the right to reasonably control all uses of On Call-The Insurance Network in conjunction with the performance, advertisement and promotion of ACE Services;

(e) that it shall conform at all times to applicable laws and regulations and to all government, industry and ACE standards with respect to the performance, advertisement and promotion of ACE Services, and that any such performance, advertisement and promotion of ACE Services shall be of such style, appearance and quality to ensure the preservation and enhancement of the goodwill attaching to On Call-The Insurance Network;

(f) that ACE shall have the right to full disclosure of all uses of On Call-The Insurance Network by the CDA;

(g) that all use of On Call-The Insurance Network by the CDA, including but not limited to use on brochures, promotional material, or screen displays, shall be submitted to and approved in writing by the ACE, prior to use by the CDA;

(h) that it acknowledges and agrees that all its uses of On Call-The Insurance Network and the goodwill arising therefrom shall enure to the benefit of the Claims Processors;

(i) that it will not, directly or indirectly, during the term of this Agreement or thereafter, dispute, contest, attack, call into question or cause to be called into question, the validity or enforceability of On Call-The Insurance Network, the ownership rights thereto of the Claims Processors, the right of the Claims Processors to grant the rights herein, the title or any other rights of the Claims Processors in and to On Call-The Insurance Network and the validity of this Agreement;

(j) that it will not market in association with On Call-The Insurance Network any article or service or utilize any material which is pornographic, defective, unsafe, unhealthy, contaminated or could otherwise adversely affect the reputation associated with On Call-The Insurance Network or use any advertising or promotional materials or techniques which would have such adverse effect; and

(k) that it shall give the ACE prompt written notice of any unlicensed use by third parties of On Call-The Insurance Network of which the CDA becomes aware.

ARTICLE 5.00 - DATABASE

5.01 Data Extract

The Parties agree that,

(a) The Claims Processors shall, on a biweekly basis, deliver to the CDA, at no cost to the CDA, a Data Extract. The Data Extract shall be extracted prior to delivery of the Dental Claim to the Claims Processor.

(b) The Parties shall ensure that the integrity of the Data Extract is maintained.

(c) Copies of the Data Extract may be provided by the CDA (or by the Network Provider at the expense of the CDA) to provincial dental associations/dental colleges.

5.02 Global Database

The Data Extract shall be owned in perpetuity by the CDA or as the CDA may designate and may be maintained in a global database managed by the CDA. No Person other than the CDA shall have access to the global database without the prior written consent of the CDA.

5.03 Costs of Global Database

The Claims Processors shall be responsible for all costs associated with the extraction and delivery to the CDA of the Data Extract. The CDA shall be responsible for all costs associated with the establishment, maintenance and management of the global database referred to in Section 5.02, including, computer hardware, computer software, and the input of the data into the global database. The Parties shall cooperate with each other to ensure that technologies are compatible and that costs are minimized.

5.04 Other dental claims

Each of the Claims Processors shall carefully consider any request by the CDA and/or any provincial dental association or college to release data, similar to the Data Extract, for dental claims not electronically submitted.

ARTICLE 6.00 - TERM and TERMINATION

6.01 Term and Renewals

This Agreement shall be in force from the Effective Date and shall continue in force for the Initial Term. Following expiration of the Initial Term, this Agreement shall continue to be in force for successive 12 month periods unless, at least 60 days prior to the expiration of the Initial Term or prior to the expiration of any succeeding 12 month period, as the case may be, the CDA or the ACE Committee shall provide the other with written notice that the Agreement is not to be renewed.

6.02 Events of Default

The occurrence of any one or more of the following events (such event being hereinafter referred to as an "Event of Default") shall constitute default by a Party under this Agreement:

- (i) if a Party fails to perform any one or more of its material obligations under this Agreement; or,
- (ii) if a Party becomes insolvent, or makes an assignment for the general benefit of creditors, or any proceedings shall be commenced by or against a Party under any bankruptcy or insolvency laws or proceedings for the appointment of a custodian, receiver, or receiver-manager or any other official with similar powers are commenced, or if a Party ceases to carry on business.

6.03 Remedies

If at any time a Party commits an Event of Default and such Event of Default has not been remedied within 15 days after written notice of the Event of Default has been given by any non-defaulting Party to the defaulting Party and to the other Parties, a non-defaulting Party may, immediately upon expiration of such remedial time period or any time thereafter until the Event of Default is remedied,:

- (i) sue the defaulting Party for performance or damages or both; or,
- (ii) if it chooses to do so, sue the defaulting Party for damages and may, on behalf of all the Parties, terminate the Agreement with respect to the defaulting Party.

6.04 Termination if ACE Membership Terminates

If a Claims Processor ceases to be a member of ACE during the term of this Agreement, then either the CDA or the ACE Committee may, on behalf of all the Parties, terminate this Agreement with respect to such Claims Processor.

6.05 Effect of Termination

(a) On termination of this Agreement, whether by lapse of time, by termination pursuant to Section 6.01, by mutual consent of the Parties, by operation of law, or in any other manner, then:

(i) all licenses and rights granted in this Agreement shall revert to the grantor;

(ii) any registered user registration provided for in this Agreement shall automatically terminate and the licensor of the trade-mark may execute all such documents as may be required to effect cancellation of the registered user entries in favour of any of the other Parties; and

(iii) ACE and/or the CDA shall have the right to offer Dentists and Dental Firms services similar to the Principal Services.

(b) On termination of this Agreement pursuant to Sections 6.03 or 6.04, then:

(i) all licenses and rights granted to the defaulting Party in this Agreement shall revert to the grantor;

(ii) the defaulting Party shall cease use of the Network;

(iii) any registered user registration in respect of the defaulting Party shall automatically terminate and the licensor of the trade-mark may execute all such documents as may be required to effect cancellation of the registered user entries in favour of the defaulting Party; and

(iv) subject to Sections 1.16 and 6.06, any and all other rights of the defaulting Party in this Agreement shall terminate.

6.06 Accrued Obligations Not Extinguished

Termination of this Agreement under any circumstance shall not abrogate, impair, release, or extinguish any debt, obligation, or liability of any Party hereto to any other Party hereto which may have accrued hereunder, including without limitation, any such debt, obligation, or liability which was the cause of termination or arose out of such cause.

ARTICLE 7.00 - THIRD PARTY CLAIMS

7.01 Third Party Rights

The Parties shall secure all necessary rights, approvals, consents, licences, titles and agreements in order to meet their obligations in this Agreement and shall indemnify and hold the other Parties harmless from and against any claim in respect thereof.

7.02 Indemnification

The Claims Processors hereby agree to indemnify and hold the CDA harmless from and against any claim with respect to the adjudication, processing, validation or payment of any Dental Claim to the extent that such claim was caused by the fault or negligence of a Claims Processor. The CDA agrees to indemnify and hold the the Claims Processors harmless from and against any claim with respect to the adjudication, processing, validation or payment of any Dental Claim to the extent that such claim was caused by the fault or negligence of the CDA.

7.03 Claims by Third Parties

(a) For the purposes of this Section 7.03 "Third Party Claim" means any demand which has been made on, or communicated to, a Party by or on behalf of any Person other than the persons aforementioned in this definition and which, if maintained or enforced, might result in a loss, liability or expense of the nature described in either Section 7.01 hereof.

(b) Promptly upon receipt by any Party (herein referred to as the "Indemnatee") of notice of any Third Party Claim in respect of which the Indemnatee proposes to demand indemnification from another Party or Parties (the "Indemnitor"), the Indemnatee shall forthwith give notice to that effect to the Indemnitor.

(c) The Indemnitor shall have the right, exercisable by giving notice to the Indemnatee not later than 30 days after receipt of the notice described in (b), to assume the control of the defence, compromise or settlement of the Third Party Claim, provided that

(i) the Indemnitor shall first deliver to the Indemnatee written admission of complete liability for indemnification with respect to any such claim to the extent that the Indemnatee is liable therefor and its written consent to be joined as a party to any action or proceeding relating thereto;

(ii) such assumption shall, by its terms, be without cost to the Indemnatee; and

(iii) the Indemnitor shall at the Indemnatee's request furnish it with reasonable security against any costs or other liabilities to which it may be or become exposed by reason of such defence, compromise or settlement.

(d) Upon the assumption of control by the Indemnitor as aforesaid, the Indemnitor shall, at its expense, diligently proceed with the defence, compromise or settlement of the Third Party Claim at the Indemnitor's sole expense, including employment of counsel reasonably satisfactory to the Indemnatee, and in connection therewith, the Indemnatee shall co-operate fully, but at the expense of the Indemnitor, to make available to the Indemnitor all pertinent information and witnesses under the Indemnatee's control and to make such assignments and take such other steps as in the opinion of counsel for the Indemnitor are necessary to enable the Indemnitor to conduct such defence, provided always that the Indemnatee shall be entitled to reasonable security from the Indemnitor for any expense, costs or other liabilities to which it may be or may become exposed by reason of such co-operation.

(e) The final determination of any such Third Party Claim, including all related costs and expenses, will be binding and conclusive on the Parties hereto as to the validity or invalidity, as the case may be, of such Third Party Claim against the Indemnitor hereunder.

(f) Should the Indemnitor fail to give notice to the Indemnatee as provided in (c) hereof, the Indemnatee shall be entitled to make such settlement of the Third Party Claim as in its sole discretion may appear advisable, and

such settlement or any other final determination of the Third Party Claim shall be binding upon the Indemnitor.

7.04 Limitation of Liability - Claims Processor

Each Claims Processor's liability for damages to the CDA for any claim, demand or cause of action whatsoever, and regardless of the form of action, but excluding liability as a direct result of any Claims Processor's willful neglect or fraud, shall be limited to the CDA's direct damages actually incurred by the CDA to which such claim relates. This limitation shall apply whether or not the claim, demand or cause of action arises out of a breach by the Claims Processor of a condition or fundamental term, or a fundamental breach. In no event shall any Claims Processor be liable for or the CDA have a remedy for the recovery of:

- (i) any special, indirect or consequential damages even if any Claims Processor has been advised of the possibility thereof including, but not limited to, lost profits, lost revenues, failure to realize expected savings, or other commercial or economic losses of any kind; or
- (ii) any damages caused by the CDA's failure to perform the CDA's responsibilities.

7.05 Limitation of Liability - CDA

The CDA's liability for damages to each Claims Processor for any claim, demand or cause of action whatsoever, and regardless of the form of action, but excluding liability as a direct result of the CDA's willful neglect or fraud, shall be limited to the Claims Processor's direct damages actually incurred by the Claims Processor to which such claim relates. This limitation shall apply whether or not the claim, demand or cause of action arises out of a breach by the CDA of a condition or fundamental term, or a fundamental breach. In no event shall the CDA be liable for or any Claims Processor have a remedy for the recovery of:

- (i) any special, indirect or consequential damages even if the CDA has been advised of the possibility thereof including, but not limited to, lost profits, lost revenues, failure to realize expected savings, or other commercial or economic losses of any kind; or
- (ii) any damages caused by the Claims Processor's failure to perform the Claims Processor's responsibilities.

7.06 Equitable Relief

Notwithstanding the provisions of Sections 7.04 and 7.05, the parties shall be entitled to relief in equity (including a temporary restraining order, temporary or preliminary injunction and permanent mandatory or prohibitory injunction), to restrain the continuation of any breach or default of this Agreement or to compel compliance with the provisions of this Agreement.

ARTICLE 8.00 - GENERAL PROVISIONS

8.01 Notice

All notices, requests or other communications required or permitted to be given hereunder or for the purposes hereof to any Party shall be in writing and shall be sufficiently given if delivered personally, or if sent by first class prepaid registered mail or if transmitted by telecopier, telex or other form of recorded communication and addressed as follows:

if to Aceco, ACE or the ACE Committee at:

Confederation Life
321 Bloor St. E.
Toronto, Ontario
M4W 1H1

Attention: Mr. J. W. Topfer
Telecopier No: (416) 323-4040

if to the CDA or the CDAnet Committee at:

1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Attention: Chairman - CDAnet Committee
Telecopier No: (613) 523-7736

if to a Claims Processor, at the address and to the person specified in Schedule 1.

Any such notice, if delivered personally, shall be deemed to have been given and received on the date on which it was delivered at such address, provided that if such day is not a Business Day then the notice shall be deemed to have been given and received on the Business Day next following such day. Any notice mailed as aforesaid shall be deemed to have been given and received on the fifth Business Days following the date of its mailing, provided that during any period of mail disruption, notice shall be delivered personally or transmitted by telecopier, telex or other form of recorded communication. Any notice

transmitted by telecopier, telex or other form of recorded communication shall be deemed to have been given and received on the date of its transmission, provided that if such day is not a Business Day or if it is received after 5:00 p.m. on the date of its transmission then it shall be deemed to have been given and received at 9:00 a.m. on the first Business Day next following transmission thereof. Any Party hereto may change any particulars of its address for notice by notice given to the other Parties hereto in the accordance with the foregoing.

8.02 New Members of ACE

Membership in ACE shall be available to any Person who has a legitimate need to process or adjudicate Dental Claims. The Claims Processors shall provide written notification to the CDA of any new member of ACE. Each new member of ACE shall be entitled to use the Network and be licensed as a registered user of CDAnet, provided that as a condition precedent to any such use or registration, each such new member shall agree to be bound by all of the provisions hereof by signing and delivering to the CDA and to the ACE Committee an acknowledgement substantially in the form of the acknowledgement attached as Schedule 2 hereto.

8.03 Undertaking

The Parties hereto undertake to sign and complete all such deeds, documents, resolutions, minutes and other instruments and to do all such acts as are necessary to give full effect to the terms, conditions and restrictions contemplated by this Agreement and to make them binding on the Parties hereto as well as on third parties who are not privy to the terms hereof. The Parties (other than the CDA) further undertake that they will exercise their votes and use their influence as members of ACE to cause such meetings of ACE to be held, resolutions passed, by-laws enacted, agreements and other documents signed and acts or things performed or done as may be necessary or desirable to ensure that the provisions of this Agreement are implemented and given full force and effect.

8.04 Joint and Several Obligations

The obligations, covenants and agreements of the Claims Processors hereunder are joint and several.

IN WITNESS WHEREOF, this Agreement has been executed by the Parties hereto.

CANADIAN DENTAL ASSOCIATION

by: _____
Name:
Title:

ACECO LIMITED

by: _____
Name:
Title:

SCHEDULE 1

LIST AND ADDRESSES OF CLAIMS PROCESSORS

NAME

Aetna Life Insurance Company of Canada

Aetna Canada Centre
145 King Street West, 8th Floor
Toronto, Ontario
M5H 3T7

Telephone No: (416) 864-8466
Telecopier No: (416) 864-8688

Attention: Michael J. Horner
Director, Group Systems

Co-operators Life Insurance Company

1920 College Avenue
Regina, Saskatchewan
S4P 1C4

Telephone No: (306) 347-6632
Telecopier No: (306) 347-6801

Attention: Bonnie Hender

Confederation Life Insurance Company

321 Bloor Street East, 6th Floor
Toronto, Ontario
M4W 1H1

Telephone No: (416) 323-8217
Telecopier No: (416) 323-4040

Attention: J.W. Topfer

Constellation Assurance Company

26 Wellington Street East
Toronto, Ontario
M5E 1J6

Telephone No: (416) 360-1560
Telecopier No: (416) 360-6754

Attention: Stuart W. McRae

The Empire Life Insurance Company

243 - 259 King Street East
Kingston, Ontario
K7L 3A8

Telephone No: (613) 548-1881
Telecopier No: (613) 541-3050

Attention: Sheila McHenry, ALHC
Director, Group Client Services

The Manufacturers Life Insurance Company

500 King Street North
Waterloo, Ontario
N2J 4C6

Telephone No: (519) 747-6008
Telecopier No: (519) 747-6116

Attention: Armin Froelich

The Maritime Life Assurance Company

2701 Dutch Village Road
P.O. Box 1030
Halifax, Nova Scotia
B3J 2X5

Telephone No: (902) 453-4300
Telecopier No: (902) 453-7041

Attention: Ann M. Kyle

Metropolitan Life Insurance Company

99 Bank Street
Ottawa, Ontario
K1P 5A3

Telephone No: (613) 560-7823
Telecopier No: (613) 560-7618

Attention: Gary T. Maxwell

**North American Life Assurance
Company**
333 Broadway
Winnipeg, Manitoba
R3C 0S9

Telephone No: (204) 944-3372
Telecopier No:

Attention: Paul Dalby, Director
Group Insurance Benefits

Telephone No: (416) 429-2661
Telecopier No: (416) 429-2773

Ontario Blue Cross
150 Ferrand Drive
Don Mills, Ontario
M3C 1H6

Attention: Robert Bruce

**Prudential Insurance Company of
Canada**
Main Office, Canadian Operations
200 Consilium Place
Scarborough, Ontario
M1H 3E6

Telephone No: (416) 296-3120
Telecopier No: (416) 296-3249

Attention: Bette Andrews

SCHEDULE 2

FORM OF ACKNOWLEDGEMENT

To: The Parties to the Agreement dated as of the 17th day of July, 1990 among Canadian Dental Association, the members of The Association For Claims Exchange and Aceco Ltd. (the "Agreement").

The undersigned for good and valuable consideration (receipt of which is hereby acknowledged) hereby agrees to be a Party to and to be bound by all of the provisions of the Agreement as if the undersigned were an original Party thereto. All notices, requests or other communications required or permitted to be given under the Agreement or for the purposes thereof may be addressed to the undersigned as follows:

Address:
Attention:
Telecopier No:

DATED this day of , 19 .

THIS AGREEMENT made as of the day of July, 1990.

B E T W E E N:

CANADIAN DENTAL ASSOCIATION

(hereinafter referred to as the "CDA")

- and -

Those organizations listed in Schedule 1 attached hereto as the same may be amended from time to time and such other Persons as become a party hereto in the manner hereafter referred to

(hereinafter referred to as a "Claims Processor" and collectively as "Claims Processors")

WHEREAS:

- (a) it is proposed that the processing and adjudication of dental claims will be facilitated by the use of electronic data interchange between dentists and Claims Processors among others;
- (b) the CDA has entered or proposes to enter into one or more agreements respecting the use of electronic data interchange between dentists and claims processors, among others, and respecting the supply of computerized services to dentists; and
- (c) the Parties hereto have entered into this Agreement for the purpose of recording their agreement:
 - (i) as to the manner in which data shall be exchanged, and
 - (ii) to provide for certain rights, obligations and liabilities among the Parties.

NOW THEREFORE, in consideration of the mutual covenants and agreements herein contained the Parties hereto agree as follows:

ARTICLE 1 - INTERPRETATION

1.1 Parties

This Agreement shall be binding upon the CDA and each Claims Processor that signs an acknowledgement substantially in the form of Schedule 2, signifying the agreement of such Claims Processor to be bound by this Agreement.

1.2 Definitions

In this Agreement,

- (a) "**Agreement**" means this Agreement, all schedules attached hereto, all documents incorporated by reference herein and all instruments supplemental hereto or in amendment or confirmation hereof; "hereof", "hereto" and "hereunder" and similar expressions mean and refer to this Agreement and not to any particular article or section; "Article" or "Section" means and refers to the specified article or section of this Agreement.
- (b) "**Business Day**" means a day other than a Saturday, Sunday, New Year's Day, Good Friday, Victoria Day, Dominion Day, Labour Day, Thanksgiving Day, Christmas Day and Boxing Day.
- (c) "**CDAnet**" is the trade-mark owned by the CDA to describe and identify CDAnet Services and includes any alternative trade-mark selected by the CDA to replace the trade-mark CDAnet.
- (d) "**CDAnet Committee**" means the committee referred to in Section 2.1.
- (e) "**CDAnet Services**" means the electronic submission of Dental Claims and such other computerized services which may, from time to time, be offered or endorsed by the CDA.
- (f) "**Claims Processors Committee**" means the committee referred to in Section 2.2.
- (g) "**Contract Year**" means the 12 month period commencing on the Effective Date and each subsequent 12 month period.

- (h) "Data Extract" means data extracted from Dental Claims, which data shall not identify the Claims Processor, the plan sponsor or the claimant and/or patient, and shall only identify the Dentist or Dental Firm by the unique identifying number, such data to be in the format and according to the specifications set forth in Schedule 3 hereto.
- (i) "Dental Claim" means the Messages transmitted through the Network which collectively constitute the submission by a Subscriber of a dental claim to a Claims Processor and an acknowledgement of receipt by the Claims Processor, which acknowledgement may include an adjudication.
- (j) "Dental Firm" means a corporation (if and when permitted by the Subscriber's provincial dental association and/or college), partnership or unincorporated association, which is duly registered or licensed to practise dentistry anywhere in Canada.
- (k) "Dentist" means an individual who is duly registered or licensed to practise dentistry anywhere in Canada.
- (l) "Effective Date" shall mean the date first mentioned at the commencement of this Agreement.
- (m) "Marketing Plan" means the business plan established by the CDA to promote the Network, as set out in Schedule 4.
- (n) "Message" means the data relating to a Transaction and transmitted electronically between a Subscriber and a Claims Processor.
- (o) "Network" means the data communications network provided and managed by SHNS to provide for the electronic interchange of Messages.
- (p) "Party" means a party to this Agreement and its permitted successors and assigns.
- (q) "Person" means any individual, corporation, company, partnership, trustee, or trust or unincorporated association and pronouns have a similar extended meaning.
- (r) "Predetermination" means the Messages transmitted through the Network which constitute a request by a Subscriber to a Claims Processor for a predetermination of an eligible procedure with respect to a course or plan of treatment and an acknowledgement of such request.

- (s) "Principal Services" means Transactions which are Dental Claims or Predeterminations.
- (t) "Protocol" means the standards, methods and procedures for the formatting, structuring and transmission of Messages, as specified in Schedule 5.
- (u) "Reporting Period" means each month in each Contract Year.
- (v) "SHNS" means N.S. Shared Health Network Services Ltd., a corporation organized under the laws of Canada.
- (w) "Special Services" means computerized services of any kind other than the Principal Services.
- (x) "Subscriber" means a Dentist or Dental Firm, as the case may be, who subscribes to CDAnet.
- (y) "Transaction" means one claim derived from one patient on one visit to one Dentist on one calendar day in respect of the Principal Services.

1.3 Gender and Number

Words importing the singular shall include the plural and vice versa, and words importing gender shall include the masculine, feminine and neuter genders.

1.4 Headings

The headings contained in this Agreement are for convenience of reference only and in no way affect the interpretation of this Agreement.

1.5 Applicable Law

This Agreement shall be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein and shall be treated in all respects as an Ontario contract.

1.6 Severable

If any provision of this Agreement shall be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions of this Agreement shall not in any way be affected or impaired thereby.

1.7 Entire Agreement

This Agreement constitutes the entire agreement between the Parties relating to the subject matter hereof and supercedes all prior formal and informal agreements, proposals, promises, inducements, representations, conditions, warranties, understandings, negotiations and discussions, whether oral or written, of the Parties.

1.8 Amendment

No supplement, modification, waiver or amendment of this Agreement shall be binding unless in writing and executed by the Parties.

1.9 Waiver

A waiver by a Party of a breach of any of the provisions of this Agreement shall not take effect or be binding on the Party unless in writing and signed by the Party. Unless otherwise provided therein, such waiver shall not limit or affect the rights of the Party with respect to any other breach.

1.10 Time of Essence

Time shall be of the essence of this Agreement and every part thereof.

1.11 Successors and Assigns

This Agreement shall enure to the benefit of and shall be binding upon the Parties and their respective permitted successors and permitted assigns.

This Agreement shall not be assigned by any Claims Processor without the consent of the CDA, which consent shall not be unreasonably withheld. This Agreement shall not be assigned by the CDA without the consent of the Claims Processors Committee, which consent shall not be unreasonably withheld.

1.12 Calculation of Time Periods

When calculating the period of time within which or following which any act is to be done or step taken pursuant to this Agreement, the date which is the reference day in calculating such period shall be excluded. If the last day of such period is not a Business Day, the period in question shall end on the next Business Day.

1.13 Counterparts

This Agreement may be executed in two or more counterparts, each of which shall be deemed to be an original and all of which together shall constitute one and the same agreement and notwithstanding their date of execution shall be deemed to bear the formal date of the Effective Date.

1.14 Independent Contractors

This Agreement does not constitute and shall not be construed as constituting a partnership or joint venture among the Parties hereto. Except as may otherwise be specifically provided, no Party shall have any right to obligate or bind any other Party in any manner whatsoever as nothing contained in this Agreement shall give or is intended to give any rights of any kind to any person not a Party to this Agreement. Each Party shall ensure that neither it nor any of its employees represent to any third party that it or they are servants or agents of the other except and only to the extent as may otherwise be specifically provided in the Agreement.

1.15 Survival

All provisions of this Agreement which by their terms or by reasonable implication are to be performed, in whole or in part, after the termination of this Agreement, shall remain in full force and effect after termination of this Agreement until such time as the Parties may mutually agree to release the obligations contained therein.

1.16 Description of Schedules

The following are the Schedules attached to and incorporated into this Agreement by reference and deemed to be a part hereof:

Schedule 1 - List and Address of Claims Processors

Schedule 2 - Form of Acknowledgement

Schedule 3 - Data Extract

Schedule 4 - Marketing Plan

Schedule 5 - Protocol

ARTICLE 2 - ORGANIZATION AND OBJECTIVES

2.1 CDAnet Committee

The CDA shall form a CDAnet Committee. The Chairman of the CDAnet Committee shall have the authority to act on behalf of the CDA and the CDAnet Committee for the purpose of carrying out the rights and obligations of same pursuant to this Agreement. Under no circumstances shall the Chairman of the CDAnet Committee have the power or authority to amend this Agreement or otherwise legally bind the CDA.

2.2 Claims Processors Committee

The Claims Processors shall form a Claim Processors Committee. The Chairman of the Claims Processors Committee shall have the authority to act on behalf of the Claims Processors Committee for the purpose of carrying out the rights and obligations of same pursuant to this Agreement. Under no circumstances shall the Chairman of the Claims Processors Committee have the power or authority to amend this Agreement or otherwise legally bind a Claims Processor.

2.3 CDA Promotion of CDAnet

The CDA shall promote CDAnet to the dental community in general and its members in particular at the CDA's expense in accordance with the Marketing Plan and take all commercially reasonable steps to meet the objectives set out in the Marketing Plan. The Marketing Plan may be modified from time to time by the CDA, on prior consultation with and disclosure to the Claims Processors Committee.

2.4 CDA's Endorsement of SHNS and the Network

The CDA hereby endorses SHNS, the Claims Processors, and the Network, on a non-exclusive basis, to provide the Principal Services. Under no circumstances shall CDA show favouritism or in any manner endorse any other network provider or claims processor on more favourable terms than the endorsement given to SHNS and the Claims Processors for Principal Services.

2.5 Provincial Dental Associations/Colleges

The CDA shall have the non-exclusive right to negotiate and contract with the individual provincial dental associations and/or colleges on all matters relating to the Network, CDAnet and the Principal Services including, without limitation, the division of the fees received by the CDA.

2.6 SHNS and Claims Processors

The Parties are free to enter into whatever agreements they require in order to meet their obligations under this Agreement.

2.7 CDA Fees

In consideration of the CDA's endorsement of SHNS, the Claims Processors and the Network, in consideration of the CDA's role in facilitating electronic data interchange between Dentists and Claims Processors and in consideration of the CDA's promotion of CDAnet, each Claims Processor shall cause SHNS to pay on its behalf to the CDA a fee as follows:

- (a) during the first two Contract Years, each Claims Processor shall pay the CDA a fee of fifteen cents (\$0.15) for each Dental Claim that is attributable to such Claims Processor;
- (b) during the next two Contract Years, each Claims Processor shall pay the CDA a fee of ten cents (\$0.10) for each Dental Claim that is attributable to such Claims Processor; and
- (c) thereafter, the CDA and the Claims Processors shall annually review and agree upon the amount, if any, that is to be paid by the Claims Processors to the CDA.

The said fees are exclusive of all sales, use, goods and services and consumption taxes.

The Claims Processors shall not enter into any agreement with a provincial dental association and/or college to provide services, similar to the services provided by the CDA hereunder, on more favourable terms than those granted to the CDA pursuant to this Agreement.

2.8 Payments

The fees specified in Section 2.7 are payable monthly and shall be paid within thirty (30) days from the end of each Reporting Period. The CDA shall not be under any obligation to invoice any Claims Processor or SHNS in respect of any such fees. If a Claims Processor should fail to pay any amount it owes to the CDA when such amount is due, interest shall accrue on such unpaid amount from the due date of payment to the date of actual payment at the rate of eighteen percent (18%) per annum, such interest to be calculated daily with interest on overdue interest at the same rate.

2.9 Records

Each Claims Processor agrees to cause SHNS to maintain complete and accurate records in sufficient detail so that the fees payable by each Claims Processor to the CDA hereunder may be ascertained. At the time that SHNS remits fees to the CDA on behalf of each Claims Processor, it shall also furnish to the CDA a complete statement showing the aggregate number of Dental Claims received by all Claims Processors during the Reporting Period. Each Claims Processor shall forward to SHNS a statement showing the number of dental claims not electronically submitted during the Reporting Period. SHNS shall tabulate such information and shall forward to the CDA a statement showing the aggregate number of dental claims, for all of the Claims Processors, not electronically submitted during the Reporting Period.

The receipt or acceptance by the CDA of any of the statements furnished pursuant to this Agreement or any fees paid hereunder (or the cashing of any cheque for fees hereunder) shall not preclude the CDA from questioning the correctness thereof at any time, and in the event that inconsistencies or mistakes are discovered in such statements or payments, they shall be rectified and the appropriate payments immediately made by the Claims Processor to the CDA or credit given to the Claims Processor by the CDA, as may be appropriate.

2.10 Audit

Claims Processors shall grant the CDA the right to participate, at the CDA's expense, in any audit of SHNS to ensure the correctness of the statements provided and payments made by SHNS on behalf of the Claims Processors pursuant to this Agreement. Each of the Claims Processors acknowledges and consents to the right of the CDA to directly audit SHNS.

ARTICLE 3 - TRADE-MARKS AND LICENSES

3.1 CDAnet Property of the CDA

Each Claims Processor acknowledges that CDAnet is a valid trade-mark and is the sole property of the CDA. Each Claims Processor shall not retain, acquire or assert trade-mark ownership or any other proprietary rights in and to, or use CDAnet or any confusingly similar derivation, adaptation or variation thereof.

3.2 Grant of License - CDAnet

The CDA hereby grants to each Claims Processor a non-assignable and non-exclusive licence and right to use, advertise and display in Canada CDAnet but only in association with the provision of the Principal Services.

3.3 Registrations

The CDA agrees to apply for registrations of CDAnet under the Trade-marks Act, and when registered, to maintain such registrations in good standing. The CDA agrees to apply to record each Claims Processor as a registered user of CDAnet for the Principal Services and CDAnet Services under the Trade-marks Act.

3.4 Registration Costs - CDAnet

Except as otherwise provided, all costs associated with trade-mark registrations relating to CDAnet or any related opposition proceedings or any registered user registrations shall be paid for by the CDA, including, without limitation, legal fees and trade-mark agent fees.

3.5 Restrictions and Agreements - Claims Processors

Each Claims Processor agrees,

- (a) not to directly or indirectly do or cause to be done or omit to do or omit to cause to be done any act with the result that the CDA may suffer a loss of the distinctiveness of the trade-mark CDAnet;
- (b) not to use CDAnet in conjunction with any trade name or trade-mark if the use of the trade name or trade-mark would likely be confusing with the use of CDAnet;
- (c) that the CDA shall have the right to reasonably control all use of CDAnet in conjunction with the performance, advertisement and promotion of the Principal Services and the CDAnet Services;
- (d) that it shall conform at all times to applicable laws and regulations and to all government, industry and CDA standards with respect to the performance, advertisement and promotion of CDAnet Services, and that any such performance, advertisement and promotion of the Principal Services and the CDAnet Services shall be of such style, appearance and quality to ensure the preservation and enhancement of the goodwill attaching to CDAnet;

- (e) that the CDA shall have the right to full disclosure of all uses of CDAnet by each Claims Processor;
- (f) that any use of CDAnet by it, including but not limited to use on brochures, promotional material, or screen displays, shall be submitted to and approved in writing by the CDA, prior to use by such Claims Processor, such approval not to be unreasonably withheld;
- (g) that its use of CDAnet and the goodwill arising therefrom shall enure to the benefit of the CDA;
- (h) that it will not, directly or indirectly, during the term of this Agreement or thereafter, dispute, contest, attack, call into question or cause to be called into question, the validity or enforceability of CDAnet, the ownership rights thereto of the CDA, the right of the CDA to grant the rights herein, the title or any other rights of the CDA in and to CDAnet;
- (i) that it will not market in association with CDAnet any article or service or utilize any material which is pornographic, defective, unsafe, unhealthy, contaminated or could otherwise adversely affect the reputation associated with CDAnet or use any advertising or promotional materials or techniques which would have such adverse effect; and
- (j) that it shall give the CDA prompt written notice of any unlicensed use by third parties of CDAnet of which it becomes aware.

ARTICLE 4 - DATABASE

4.1 Data Extract

Each of the Claims Processors hereby authorizes SHNS to deliver to the CDA, at no expense to the CDA, on a monthly basis, a tape containing the Data Extract in a format agreed upon by SHNS, the Claims Processors and the CDA. The data shall be extracted prior to delivery of the Dental Claim to the Claims Processor. Each of the Claims Processors shall carefully consider any request by the CDA and/or any provincial dental association and/or college to release data, similar to the Data Extract, for dental claims not electronically submitted.

4.2 Global Database

The Data Extract shall only be used to maintain a global database managed by the CDA on behalf of the provincial dental associations and/or colleges. No Person other than the CDA or the respective provincial dental associations and/or colleges shall have access to the global database or any part thereof without the prior written consent of the Claims Processors Committee, which consent shall not be unreasonably withheld.

4.3 Costs of Global Database

The CDA shall be responsible for all costs associated with the establishment, maintenance and management of the global database referred to in Section 4.2, including, computer hardware, computer software, and the input of the data into the global database.

4.4 Confidentiality and Use of Data

The CDA shall take such steps including requiring provincial dental associations and/or colleges to take such steps, as may be reasonably required by the Claims Processors and SHNS to protect the confidentiality of the information contained in the Data Extract. Neither the CDA nor any provincial dental association and/or college shall directly or indirectly use or permit the use of the information contained in the Data Extract in any manner which would be competitive with or be adverse to the interests of the insurance industry, in general and each of the Claims Processors, in particular. For greater certainty the Parties acknowledge that the CDA and participating provincial dental associations and/or colleges may use the information contained in the Data Extract for purposes of fee guide maintenance, utilization surveys and manpower surveys.

ARTICLE 5 - TERM AND TERMINATION

5.1 Term and Renewals

This Agreement shall be in force from the Effective Date and shall continue in force on a Contract Year basis, provided any Party may terminate this Agreement with respect to its rights and obligation on at least one hundred and eighty (180) days' prior written notice to the other Parties.

5.2 Events of Default

The occurrence of any one or more of the following events (such event being hereinafter referred to as an "Event of Default") shall constitute default by a Party under this Agreement:

- (a) if a Party fails to perform any one or more of its obligations under this Agreement; or
- (b) if a Party becomes insolvent, or makes an assignment for the general benefit of creditors, or any proceedings shall be commenced by or against a Party under any bankruptcy or insolvency laws or proceedings for the appointment of a custodian, receiver, or receiver-manager or any other official with similar powers are commenced or if a Party ceases to carry on business.

5.3 Remedies

(a) If at any time a Claims Processor commits an Event of Default and such Event of Default has not been remedied within 60 days after written notice of the Event of Default has been given by the CDA to the defaulting Claims Processor and to the other Parties, the CDA may, immediately upon expiration of such remedial time period, or, any time thereafter until the Event of Default is remedied:

- (i) sue the defaulting Claims Processor for performance or damages or both; or
- (ii) if the CDA chooses to do so, terminate the Agreement with respect to the defaulting Claims Processor and sue the defaulting Claims Processor for damages.

(b) If at any time the CDA commits an Event of Default and such Event of Default has not been remedied within sixty (60) days after written notice has been given by any Claims Processor to the CDA and to the other Parties, the Claims Processor who has given such notice may, immediately upon expiration of such remedial period, or any time thereafter until the Event of Default is remedied:

- (i) sue the CDA for performance or damages or both; or
- (ii) if it chooses to do so, terminate the Agreement with respect to the CDA and sue the CDA for damages.

5.4 Effect of Termination

On termination of this Agreement pursuant to Sections 5.1 or 5.3, by mutual consent of the Parties, by operation of law, or in any other manner, then:

- (a) any registered user registration provided for in this Agreement shall automatically terminate and the licensor of the trade-mark may execute all such documents as may be required to effect cancellation of the registered user entries in favour of any of the other Parties; and
- (b) each of the Claims Processors and the CDA shall have the right to offer Dentists and Dental Firms the Principal Services, including the use of the Protocol, and/or Special Services. Each Claims Processor acknowledges the role of the CDA to advise Dentists and Dental Firms in general. The CDA shall not take any action to prevent Dentists or Dental Firms from dealing directly with the Claims Processors.

5.5 Accrued Obligations Not Extinguished

Termination of this Agreement under any circumstance shall not abrogate, impair, release, or extinguish any debt, obligation, or liability of any Party hereto to any other Party hereto which may have accrued hereunder, including without limitation, any such debt, obligation, or liability which was the cause of termination or arose out of such cause.

ARTICLE 6 - LIMITATION OF LIABILITY

6.1 Limitation of Liability - Claims Processor

Each Claims Processor's liability for damages to the CDA for any claim, demand or cause of action whatsoever, and regardless of the form of action, whether in contract or in tort, including negligence, but excluding liability as a direct result of any Claims Processor's wilful neglect or fraud, shall be limited to the CDA's direct damages actually incurred by the CDA to which such claim relates. This limitation shall apply whether or not the claim, demand or cause of action arises out of a breach by the Claims Processor of a condition or fundamental term, or a fundamental breach. In no event shall any Claims Processor be liable for or the CDA have a remedy for the recovery of:

- (a) any special, indirect or consequential damages even if any Claims Processor has been advised of the possibility thereof including, but not limited to, lost profits, lost revenues, failure to realize expected savings, or other commercial or economic losses of any kind;
- (b) any damages caused by the CDA's failure to perform the CDA's responsibilities; or
- (c) any claims by any third parties.

6.2 Limitation of Liability - CDA

The CDA's liability to each Claims Processor for damages for any claim, demand or cause of action whatsoever, and regardless of form of action, whether in contract or in tort, including negligence, but excluding liability as a direct result of the CDA's wilful neglect or fraud, shall be limited to the Claims Processor's direct damages actually incurred by a Claims Processor to which such claim relates. This limitation shall apply whether or not the claim, demand or cause of action arises out of a breach by the CDA of a condition or fundamental term, or a fundamental breach. In no event shall the CDA be liable for or any Claims Processor have a remedy for the recovery if:

- (a) any special, indirect or consequential damages, even if the CDA has been advised of the possibility thereof including but not limited to, lost profits, lost revenues, failure to realize expected savings or commercial or economic losses of any kind;
- (b) any damages caused by the Claims Processor's failure to perform the Claims Processor's responsibilities; or
- (c) any claims by any third parties.

6.3 Equitable Remedy

Notwithstanding the provisions of Sections 6.1 and 6.2, the Parties shall be entitled to relief in equity (including a temporary restraining order, temporary or preliminary injunction and permanent mandatory or prohibitory injunction), to restrain the continuation of any breach or default of this Agreement or to compel compliance with the provisions of this Agreement.

ARTICLE 7 - GENERAL PROVISIONS

7.1 Notice

All notices, requests or other communications required or permitted to be given hereunder or for the purposes hereof to any Party shall be in writing and shall be sufficiently given if delivered personally, or if sent by first class prepaid registered mail or if transmitted by telecopier, telex or other form of recorded communication and addressed as follows:

if to CDA and the CDAnet Committee:

1815 Alta Vista Dr.
Ottawa, Ontario
K1G 3Y6

Attention: Chairman, CDAnet Committee

Facsimile No.: (613) 523-7736

and if to a Claims Processor, at the address and to the person specified in Schedule 1.

Any such notice, if delivered personally, shall be deemed to have been given and received on the date on which it was delivered at such address, provided that if such day is not a Business Day then the notice shall be deemed to have been given and received on the Business Day next following such day. Any notice mailed as aforesaid shall be deemed to have been given and received on the fifth Business Day following the date of its mailing, provided that during any period of mail disruption, notice shall be delivered personally or transmitted by telecopier, telex or other form of recorded communication. Any notice transmitted by telecopier, telex or other form of recorded communication shall be deemed to have been given and received on the date of its transmission, provided that if such day is not a Business Day or if it is received after 5:00 p.m. on the date of its transmission, then it shall be deemed to have been given and received at 9:00 a.m. on the first Business Day next following transmission thereof. Any Party hereto may change any particulars of its address for notice by notice given to the other Parties hereto in accordance with the foregoing.

7.2 New Claims Processors

The Claims Processors Committee shall provide written notification to the CDA of any new Claims Processors. Each new Claims Processor shall be entitled to use the Network and to be

licensed as a registered user of CDAnet, provided that such new Claims Processor shall sign and deliver to the CDA an acknowledgement substantially in the form of acknowledgement attached as Schedule 2 hereto.

7.3 Undertakings and Warranties

(a) The Parties undertake to sign and complete all such deeds, documents, resolutions, minutes and other instruments and to do all such acts as are necessary to give full effect to the terms, conditions and restrictions contemplated by this Agreement and to make them binding on the Parties hereto.

(b) Each party represents and warrants that it has the right to enter into this Agreement and to perform its obligations hereunder.

7.4 Force Majeure

Except as otherwise provided in this Agreement, dates and times by which any Party is required to render performance under this Agreement shall be postponed automatically to the extent and for the period of time that such Party is prevented from meeting them by reason of any cause beyond its reasonable control, provided that the Party prevented from rendering performance notifies the other Parties immediately and in detail of the commencement and nature of such cause and the probable consequences thereof, and provided further that such Party uses its best efforts to render performance in a timely manner, utilizing to such end all resources reasonably required in the circumstances, including obtaining supplies or services from other sources if the same are reasonably available.

7.5 Several Obligations

The obligations, covenants and agreements of the Claims Processors hereunder shall be several and not joint or joint and several.

IN WITNESS WHEREOF, this Agreement has been executed by the Parties hereto.

CANADIAN DENTAL ASSOCIATION

By: _____

By: _____

**Those Claims Processors Listed
on Schedule 1**

SCHEDULE 1

LIST AND ADDRESSES OF CLAIMS PROCESSORS

<u>NAME</u>	<u>ADDRESS</u>
Canada Life Assurance Company	330 University Avenue Toronto, Ontario M5G 1R8 Telephone: 416-597-1456 Fax : 416-597-8266
Great West Life Assurance Company	60 Osborne Street North Winnipeg, Manitoba R3C 3A5 Telephone: 204-946-1190 Fax : 204-946-7838
London Life	255 Dufferin Avenue London, Ontario N6A 4K1 Telephone: 519-432-5281 Fax : 519-679-3518
The Mutual Group	227 King Street South Waterloo, Ontario N2J 4C5 Telephone: 519-888-2282 Fax : 519-888-3899
National Life Assurance Company of Canada	522 University Avenue Toronto, Ontario M5G 1Y7 Telephone: 416-598-2122 Fax : 416-598-3133
The Standard Life Assurance Company	1245 Sherbrooke Street West #1070 Montreal, Quebec H3G 1G3 Telephone: 514-499-4273 Fax : 514-499-4908
SunLife of Canada	200 University Avenue Toronto, Ontario M5H 3C7 Telephone: 416-595-7977 Fax : 416-595-1241

SCHEDULE 2

FORM OF ACKNOWLEDGEMENT

TO: The Parties to the Agreement dated as of the day of
 , 1990 between the Canadian Dental Association
and certain Claims Processors (the "Agreement").

The Undersigned for good and valuable consideration (receipt of which is hereby acknowledged) hereby agrees to be a Party to and to be bound by all of the provisions of the Agreement as if the undersigned were an original Party thereto. All notices, requests or other communications required or permitted to be given under the Agreement or for the purposes thereof may be addressed to the undersigned as follows:

Address
Attention:
Telecopier No.

DATED this day of , 1990.

Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Telephone (613) 523-1770
Facsimile (613) 523-7736



Introduction

What is this agreement?

The CDAnet Subscription Agreement is between you and the CDA. It describes your obligations, and those of the CDA, in the operation of CDAnet. It provides for the protection of your data, defines the hours of operation of CDAnet, and enables either you or the CDA to withdraw from the agreement with 30 days notice.

The subscription agreement confirms the fact that CDAnet has been created by dentists, for dentists. It balances your interests as an individual dentist with the interests of the profession as a whole.

What do I do with the agreement?

- 1. Read it.
 - 2. Sign both copies of the agreement.
 - 3. Return both signed copies to the CDA.
 - 4. The CDA will sign both copies and return one of them to you for your records. At the same time we will send you a personal identification number, which will be your CDAnet registration code.
- When you have received the identification code, you are authorized to use CDAnet.

Subscriber Identification

Name of Subscriber: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone No.: () _____ Facsimile No.: () _____

Agreement

Subscriber	Canadian Dental Association
I agree to all the terms and conditions stated in this agreement.	We agree to all the terms and conditions stated in this agreement.
Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

Terms and Conditions

In consideration of the mutual covenants and agreements herein contained and subject to the terms and conditions hereinafter set out, the parties hereto agree as follows:

1. In this Agreement,

"Agreement" means this Subscription Agreement as amended from time to time.

"CDA" means the Canadian Dental Association and its successors and assigns.

"CDAnet" is the trade-mark owned by the CDA to describe and identify CDAnet Services and includes any alternative trade-mark selected by the CDA to replace the trade-mark CDAnet.

"CDAnet Network" means "On-Call-The Insurance Network™", "Assurecard™" and such other electronic data interchange networks endorsed or licensed by the CDA to provide CDAnet Services.

"CDAnet Services" means the electronic submission of dental claims and such other computerized services which may from time to time be offered or endorsed by the CDA.

"Data Extract" means data extracted from dental claims submitted through a CDAnet Network, which data shall not identify the claims processor, the plan sponsor or the patient.

"Dental Firm" means a corporation (if and when permitted by the Subscriber's provincial dental association and college), partnership or unincorporated association which is duly registered or licensed to practise dentistry.

"Dentist" means an individual who is duly registered or licensed to practise dentistry.

"Service Provider" means any person or entity licensed or authorized by the CDA to provide a CDAnet Service.

"Subscriber" means the above-signed Dentist or Dental Firm, as the case may be.

"Supplementary Conditions" means the special conditions to which a Subscriber must agree, in addition to the terms of this Agreement, in order to be authorized to access the services of a specific Service Provider where such is required by the Service Provider.

2. Upon execution of this Agreement by the Subscriber and upon acceptance of this Agreement by the CDA, the Subscriber shall become a subscriber to CDAnet. The CDA agrees to provide at no charge to the Subscriber a CDAnet identification number and authorization as a user of CDAnet, written instructions on the use of CDAnet and reasonable telephone support. There will be no charge to a Subscriber for network data communication charges for the transmission of dental claims.

3. The Subscriber represents that the Subscriber is and will at all times be duly registered or licensed to practise dentistry and in good standing with all authorities having jurisdiction.

4. The Subscriber agrees that it will submit through a CDAnet Network all dental claims that are capable of being submitted electronically.

5. Dental claims submitted through CDAnet and patient authorizations shall be in such form as may be prescribed by the CDA from time to time. The Subscriber agrees to keep original copies of the patients' authorizations on file for a period of three years and to provide copies thereof to the CDA or the appropriate claims processor upon request.

6. The Subscriber acknowledges that the adjudication, processing, validation and/or payment of any dental claims submitted through CDAnet is not the responsibility of the CDA. The subscriber acknowledges that the response to any request by the Subscriber for a pre-termination of a patient's coverage or eligibility submitted through CDAnet is not the responsibility of the CDA.

7. CDAnet shall be provided to the Subscriber during the hours of 5:30 a.m. and 1:00 a.m. (Eastern Standard Time) seven days a week excluding statutory holidays. The CDA agrees to use its best efforts to maximize the operational availability of CDAnet Networks. The Subscriber acknowledges that the CDA is not responsible for events beyond the reasonable control of the CDA. The CDA's total liability to the Subscriber for any cause whatsoever related to this Agreement or the CDA's performance hereunder, regardless of the form of action, whether in contract or in tort (including negligence), shall be limited to recovery of the Subscriber's actual damages. In no event shall the CDA be liable for any damage caused by the Subscriber's failure to perform the Subscriber's responsibilities, for any indirect damages, for any loss of the Subscriber's business, profits or savings, or other indirect, special, incidental or consequential damages howsoever caused, even if the CDA has been advised of the possibility of such damage or loss, or for any claim by the Subscriber based on any third party claim. The foregoing limitation does not apply, however, to the CDA's liabilities for breach of the CDA's obligations of confidentiality pursuant to paragraph 8 hereof.

8. Data Extract may be maintained to a global database managed by the CDA on behalf of the provincial dental association/college in whose jurisdiction the dental claim originates. The Subscriber releases all right, title and interest in and to any such Data Extract. There shall be no access to any of such data maintained in such global database without the consent of such provincial dental association/college.

9. The Subscriber agrees that all payments, if any, from claims processors to the Subscriber of dental claims submitted using CDAnet shall be paid by cheque except where electronic fund transfers are available and the Subscriber has executed and delivered all necessary authorizations.

10. The Subscriber agrees to comply with the rules and procedures for accessing CDAnet and to indemnify and hold the CDA harmless from and against any third party claim, resulting from Subscriber's misuse of CDAnet. This indemnification obligation shall survive the termina-

tion of this agreement.

11. All necessary computer hardware, software, telephone lines and related equipment to be located in the Subscriber's office shall be provided by the Subscriber in accordance with such specifications as may be prescribed by the CDA from time to time. The CDA will use its best efforts to keep entry level costs for such hardware and software to a minimum. The Subscriber shall be responsible for the maintenance and use of all such computer hardware, software, telephone lines and related equipment. The Subscriber shall be responsible for the training of the Subscriber and the Subscriber's operators. The CDA may provide, for a fee, software customized to access CDAnet provided however that the operation and use of said software and the responsibility for any loss or damage caused thereby shall be the sole responsibility of the Subscriber.

12. This Agreement shall be effective from the date of acceptance by the CDA and shall continue until (1) terminated by either party upon thirty (30) days notice to the other party or (2) terminated by the Subscriber's provincial dental association upon thirty (30) days notice to the Subscriber that it has terminated its endorsement of CDAnet. This Agreement shall be binding upon the respective successors and permitted assigns of the parties hereto. The Subscriber may not assign or transfer this Agreement, in whole or in part, without the consent of the CDA. The CDA may assign or transfer this Agreement or any rights or privileges under this Agreement, in whole or in part, without the consent of the Subscriber.

13. The Subscriber acknowledges that certain of the Service Providers will require acceptance by the Subscriber of Supplementary Conditions. The Subscriber shall pay the charges for the Service Provider's services and interest thereon according to the service rates of the respective Service Provider which service rates shall be set out in the Supplementary Conditions.

14. The CDA shall be entitled to modify this Agreement from time to time by means of notice to the Subscriber. Any notice shall be in writing and shall be personally delivered or sent by first class prepaid mail addressed to the party at the address indicated above. Any such notice, if delivered personally, shall be deemed to have been given and received on the date on which it was delivered. Any notice mailed as aforesaid shall be deemed to have been given and received on the fifth day following the date of its mailing, provided that during any period of mail disruption, notice shall be delivered personally. The Subscriber's continued use of CDAnet 45 days following delivery

or deemed delivery of any such notice of modification shall be deemed to be Subscriber's concurrence with, and acceptance of such modification. The Subscriber shall promptly notify the CDA of any change in the information set forth in the Subscriber Identification section of this Agreement.

15. This Agreement sets forth the entire agreement between the parties with respect to CDAnet, and supercedes all previous negotiations, agreements, oral representations and writings with respect to CDAnet. In the event that any provision of this Agreement is held to be invalid by a final unappealable decision of a Court of competent jurisdiction, it shall be severed herefrom and shall not affect the enforceability of the remaining provisions.

16. This Agreement shall be governed by the law of the Province set out in the Subscriber Identification section of this Agreement. In the absence of any indication to that effect on this Agreement the law of the Province of Ontario shall apply.

17. This Agreement does not preclude or prevent any subsequent agreement between the Subscriber and a Service Provider for services provided outside of CDAnet.

The Canadian Dental Association is a registered user of the trade-mark "On Call-The Insurance Network" which is a trade-mark owned by ACECO Ltd. and a registered user of the trade-mark "Assurecard" which is a trade-mark owned by S.N.S. Shared Health Network Services Ltd.

Dear Blank:

As you may be aware the CDA is embarking on a new era in Third Party Communications with the September 1, 1990 launch of the CDAnet Electronic Data Interchange project.

I am enclosing a copy of the Request for Proposals which we used in choosing National Data Corporation as the EDI carrier for the ACE group of insurance companies. I am doing so in order that you will have a perspective as to the scope of this project.

In addition to the ACE/NDC group, CDAnet will also include SHN Systems and the Interassure Group of companies, Great West Life Insurance Co., Mutual Life Insurance Company, Sun Life Insurance Company, Standard Life Insurance Company and London Life.

One of the benefits that will accrue to canadian dentistry from these arrangements is that the data extract from each dental claim that is transmitted will come to the CDA. This data will be owned by the provincial dental associations of the province from which the claims originated. The global data base will be managed by the CDA.

Given your background, we thought you might be interested in discussing a proposal for the best use of this data by CDA and its provincial corporate members. If this is the case please contact me at (613) 238-2465 to arrange a time that we may further discuss your proposal.

Sincerely,

Bernie Dolansky, B.A., D.D.S., M.Sc.
Chairman, EDI Sub Committee

AD HOC COMMITTEE ON CERTIFICATION OF DENTAL SPECIALISTS

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Arthur Schwartz, Chairman
Dr. Henry Dick, NDEB
Dr. Rod Moran, RCDC (alternate Dr. Charles Baker)
Dr. James Wright, Chairman, CDA Committee on Dental Specialties
Dr. Pierre-Yves Lamarche, Provincial Licensing Authority
Dr. George Peacock, Provincial Licensing Authority
Mr. Brian Rocky, Provincial Licensing Authority
Mr. Brian Henderson, Director, Education and Accreditation, Professional Services

ITEMS REQUIRING BOARD ACTION

1. INTRODUCTION

As noted in earlier Discussion Papers circulated by the Committee, the Committee adopted a "Principles" approach to the analysis of the question of how greater consistency might be achieved between the processes of national certification and provincial licensure or recognition of dental specialists. This approach was adopted because no single body at the national level, whether the Canadian Dental Association, the National Dental Examining Board of Canada or the Royal College of Dentists of Canada has complete responsibility for all of the following:

- (a) determination of national standards for dental specialties,
- (b) national accreditation of related educational programs
- (c) national examination of candidates and national certification of qualified dental specialists.

Such responsibilities are shared by the individual national organizations representing dental specialists, the Canadian Dental Association and its Councils on Education and Accreditation, the Royal College of Dentists of Canada and the National Dental Examining Board of Canada. In addition, while these bodies must cooperate to achieve consistency in the standards employed in education, accreditation, and certification of specialists, the recognition of individual specialists is the prerogative of the dental licensing authority in each of the Canadian provinces. Accordingly, the Committee clearly recognizes that it will be extremely difficult, if not impossible, to make recommendations which will be satisfactory to all of the parties concerned. The

AD HOC COMMITTEE
ON CERTIFICATION OF DENTAL SPECIALISTS - 2 -

only hope of progress, in such circumstances, is to present recommendations which may clarify the inter-relationship of the agencies cooperating at the national level and to suggest how they might interact in a fashion that would make national certification of dental specialists clearly credible and attractive to Provincial Licensing Authorities as well as to specialists themselves.

In the context of all of the above, the Committee presents its concluding recommendations, which it believes reflect the concerns and comments received during a lengthy and detailed consultative process as well as the Committee's assessment of what is feasible. These recommendations, if adopted by the Canadian Dental Association Board of Governors, will identify the position of the dental profession in Canada on the issues involved.

RESOLVED:

- 90.80 THAT a new national certification process for specialists, in the CDA approved specialties, be based on examination of qualified candidates.

ADOPTED

RESOLVED:

- 90.81 THAT, recognizing the authority of the provincial licensing bodies to grant specialty licenses, the individual provincial authorities grant specialty practice licenses to individuals holding a certificate in a dental specialty (granted by the NDEB on the basis of a candidate's successful completion of the new examination) with additional requirements as specified by the licensing authority.

ADOPTED

AD HOC COMMITTEE
ON CERTIFICATION OF DENTAL SPECIALISTS - 3 -

RESOLVED:

- 90.82 THAT the RCDC and NDEB establish a Specialist Examination Council including representation from the following bodies:
- i the Royal College of Dentists
 - ii the National Dental Examining Board of Canada
 - iii the Specialist Societies in Canada by nominations from the societies through the CDA Committee on Dental Specialties
 - iv the Canadian Dental Association; and

THAT the Examination Council:

- i appoint a chief examiner from a list submitted by the RCDC
- ii in consultation with each national organization representing the dental specialties, establish qualifying conditions for certification by examination and appoint examiners for each dental specialty
- iii establish fees for this process
- iv through the offices of the RCDC, organize and conduct examinations
- v establish effective "quality assurance" programs for the conduct of the examinations
- vi receive examination results from the examiner-chief examiner and determine which candidates are entitled to receive the Certificate
- vii maintain a register of Certificants
- viii convey names of successful candidates to the NDEB

ADOPTED

The Board of Governors agrees with the intent of this proposal, but requests that the Ad Hoc Committee review the process and put forth a proposal to Executive Council for further examination at its Planning Session. This detailed proposal must include information on the specific composition and terms of reference for an Examination Council and costs of operation.

RESOLVED:

- 90.83 THAT the CDA Council on Accreditation, as the agency responsible for standards to be applied to the evaluation of education programs preparing dental specialists, function as the coordinating body concerned with overall policy governing certification of dental specialists and its implementation through the cooperative arrangements outlined above. The CDA Council on Accreditation includes representation from the dental specialties, the Royal College of Dentists of Canada, the National Dental Examining Board of Canada, provincial dental licensing authorities and the Association of Canadian Faculties of Dentistry. It is in a position to promote harmony and consistency in the processes of education, accreditation, certification and licensure or provincial recognition of dental specialists and to identify appropriate processes and mechanisms to achieve and sustain this goal on an on-going basis.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. HOW THE COMMITTEE REACHED ITS CONCLUSIONS

The Committee believes that it has consistently followed the "principles approach", described in Discussion Papers I & II, in analysing the current situation and identifying recommendations which might improve the situation. The transition from the Principles outlined in the two discussion papers to the concluding recommendations is described in the following paragraphs.

PRINCIPLE 1 - the process of granting a national certificate in a dental specialty must recognize the authority of licensing bodies in each province.

AD HOC COMMITTEE
ON CERTIFICATION OF DENTAL SPECIALISTS - 5 -

The Committee believes that this principle has been respected throughout its deliberations. The Committee's recommendations, including the recommendation that certification be based upon an examination process, have given primary weight to the perspective of the dental licensing authorities. See the comments on the treatment of Principle 4 for further detail.

PRINCIPLE 2 - Provincial licensing bodies should recognize and grant provincial specialty certification to specialists holding a national certificate.

The Committee believes that this principle has also been respected and that its concluding recommendations reflect a concern to encourage such recognition. In particular, the Committee felt that it could not recommend, in the final analysis, any system of grandfathering because this primary principle would not be respected if such a recommendation were included. See the comments on Principle 6 for further detail.

PRINCIPLE 3 - The process of granting a national certificate in a dental specialty must be in harmony with national standards for educational programs preparing specialists.

This principle has been respected by the Committee. See the final recommendation.

PRINCIPLE 4 - The process of granting a national certificate in a dental specialty must be based upon examination of individual candidates or upon their graduation from a specialty education program accredited by CDA by means of a process incorporating a review of student performance in the clinical setting.

The Committee believes that philosophically, this principle, as expressed, is tenable but that its translation into a recommendation would not be practical. As noted earlier, input from provincial dental licensing authorities suggests that they would not recognize a single national certificate for dental specialists which could be obtained either by examination or by graduation from an accredited program. In

addition, because licensing authorities indicated that grandfathering candidates for the new certificate was not acceptable, granting a new certificate on the basis of accreditation would create a practical problem; only candidates graduating from accredited programs following introduction of the new system would be eligible for certification. Individuals who had graduated from accredited programs earlier than the date of implementation of the new certification process would not benefit. It was felt that such a distinction would be difficult to justify and maintain. It was also noted that in the case of Endodontics, there are no educational programs in Canada. Consequently, the use of the Clinical Outcomes Review and Evaluation Program (which Committee members felt helped justify accreditation as a basis for certification) could not be guaranteed. Accordingly, Principle 4 has been given less priority than Principles 1 and 2 and the Committee has exercised its judgement in framing recommendations it believes may be feasible.

The Committee also believes that the reluctance of some specialty societies to support a certification examination has been at least partially based upon a concern that there has been insufficient provision for input into the R.C.D.C. examination process. This concern is addressed in the recommendation to establish a Specialist Examination Council with representation from the Specialty Society.

PRINCIPLE 5 - the process of granting a national certificate in a dental specialty must provide for the examination of provincially licensed dentists who are graduates of non-accredited university programs in the dental specialties offered outside Canada or the United States.

This principle has been respected and the recommendations assume that the new process makes such provision.

PRINCIPLE 6 - the introduction of a new process of granting a national certificate in a dental specialty must initially grant a national certificate to dental specialists who have been granted provincial or national certification on the basis of graduation from an accredited Canadian educational program in the dental specialty or by formal examination in a recognized specialty.

**AD HOC COMMITTEE
ON CERTIFICATION OF DENTAL SPECIALISTS - 7 -**

As explained in the comments on Principles 1 & 4, the Committee decided, in the final analysis, that granting certificates on the basis of equivalency of current qualifications was neither practical nor desirable. Licensing authorities will not support such grandfathering. It was felt that the new certification process should look to the future and there should be no attempt to apply it in an ad hoc fashion to the past. Instead, the Committee chose to recommend that licensing authorities recognize the new certificate as qualification for licensure in a dental specialty.

3. **CONCLUSION**

The Ad Hoc Committee on Certification of Dental Specialists has spent over 18 months analyzing how the current situation with respect to national certification and provincial recognition of dental specialists might be improved. The resulting recommendations may not be satisfactory to all of the interested groups, but they represent a committee consensus and hopefully the opinion of the Canadian Dental Association with the potential to influence further developments, over time, to the benefit of the dental profession and the Canadian public.

As chairman of the Ad Hoc Committee, I wish to extend thanks to the members of the Committee and to the organizations and individuals who have submitted briefs and comments in response to our Discussion Papers. I sincerely hope that all of these efforts will contribute to progress in this difficult area.

Respectfully submitted,

Dr. Arthur Schwartz, Chairman
Ad Hoc Committee on
Certification of Dental
Specialists

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Ad Hoc Committee on Certification of Dental Specialists as a potential framework for developing an Examination Council.

CONSTITUTION AND BY-LAWS

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. G.H. Peacock, Chairman, Saskatoon
Dr. M.J. Crompton, Moncton
Dr. R.A. Schiewe, Thunder Bay
Dr. J. Silver, Vancouver

Executive Liaison: Dr. F.M. Bourassa, Regina

Coordinator: Mrs. S. Deziel

1. Meetings

Since the 1990 Interim meeting of the Board, all items requiring consideration were handled during a conference call on May 23, 1990 or through written correspondence.

ITEMS REQUIRING BOARD ACTION

During the conference call three items were discussed. One item had been referred from the 1990 Interim meeting, one situation referred from Executive Council and the last item initiated through the receipt of two proposals to amend a current by-law.

2. Structure of the Management Committee

Resolution of the 1990 Interim Meeting

90.25 THAT the CDA President be the Chairman of the Management Committee; and,

FURTHER, THAT the Council on Constitution and By-laws be requested to prepare the appropriate revisions to the Constitution and By-laws.

ADOPTED

RESOLVED:

90.84 THAT Article XI, Section 3 - Roles and Responsibilities of the President-Elect, be approved as amended.

ADOPTED

APPENDIX

RESOLVED:

- 90.85** THAT Article XI, Section 2 - Roles and Responsibilities of the President, be approved as amended.

ADOPTED

APPENDIX II

3. Roles and Responsibilities of the Executive Council

Executive Council requested that our Council review Article IX, Section 7 - Roles and Responsibilities of the Executive Council to ascertain if all items were applicable. Concern was expressed that item (1) was currently undertaken by the Convention Committee, thus may not be appropriate in this section.

RESOLVED:

- 90.86** THAT Article IX, Section 7 - Roles and Responsibilities of the Executive Council, be approved as amended.

ADOPTED

APPENDIX III

4. Proposed Amendments to Article VIII, Section 2 (F)

APPENDIX IV

Members of the Board are in receipt of two separate notices, both proposing an amendment to the current Article VIII, Section 2(f) of the Constitution and By-laws. Both notices were filed in time to meet the requirements to be dealt with at the 1990 Annual Meeting.

Following receipt of proposals, the members of your Council began a review of the current statement, as well as a review of both proposals. In doing so, we attempted to identify the positive and negative points of the current by-law, and the implied changes that would take place to improve the situation if an amendment was carried.

The current by-law states:

Section 2 - Elections or Appointments

- (f) No member of the Association shall be eligible to be a voting member of the Board of Governors for more than three consecutive terms of two years, unless he is elected to the office of Vice-President in which case he shall automatically remain on the Board of Governors for three additional years from the time he becomes Vice-President.

In considering this statement, it was accepted that there was a purpose for its inclusion in the current by-laws. It was further accepted that a thorough discussion took place at the Board level at the time it was approved, including the implications contained within this statement. A review of the by-laws also pointed out the fact that Corporate members may elect or appoint a person of their choice to the Board. As well it was acknowledged that should a person serve a maximum of three two-year terms consecutively, that person is never eligible to serve on the Board again, unless elected to the position of Vice-President in the last year.

In a review of the Corporate appointments over the last ten years, the Council was of the opinion that the great majority of these members were dedicated individuals who all contributed in a positive way to the objectives of the Association. If any of these individuals left the Board, the primary reason was a result of a decision of the Corporate Body. A secondary reason for leaving the Board appeared to be based on a personal decision of the member, which one assumes, rightly or wrongly, was discussed to some degree with the Corporate Body. It was noted that some members who left the Board in "mid-term", did return to serve when the situation permitted them to serve once more. There was some evidence of "jockeying" to prepare for a future attempt to seek the position of Vice-President; however, considering the number of Board members, this category appeared minimal.

In the past few years, all Corporate Bodies and Board members receive on an annual basis a "score card" which informs all concerned the exact number of sessions each Board member attends. This permits a member to identify and keep count of the number of three two-year terms they have served. This information was initiated as a form of communication and helps to clarify one's position. At the same time, should a member wish to leave the Board for a period of time to return later in the hope of seeking the position of Vice-President, such information is essential.

The Council next reviewed the first proposal received to amend Article VIII, Section 2, (f). This proposal reads:

Section 2 - Elections or Appointments

- (f) No member of the Association may be eligible to be a voting member for any continuous span of time greater than three consecutive two year terms unless he is elected to the office of Vice-President in which case he shall automatically remain on the Board of Governors for three additional years from the time he becomes Vice-President.

In the view of the Council, the prime consideration between the current by-law and this proposal is the inclusion of the wording "continuous span of time". Under this proposal, your Council interpreted that a Corporate Body could appoint a person to the Board for up to three consecutive two year terms, and if this maximum was reached, the individual would leave the Board for at least one session, before being able to be appointed once again for a three consecutive two year term, or part thereof. Naturally either scenario would be halted if one was elected to the position of Vice-President.

Through this process the Corporate Body is free to appoint whomever they choose, and for the length of time they choose, barring personal resignations. Such an amendment would also permit a member to sit on the Board, "to develop the necessary degree of interest and enthusiasm", with a view to seeking higher office, should the current six year consecutive term not be sufficient enough to attain this goal.

The second proposal to Article VIII, Section 2 (f) reads as follows:

Section 2 - Elections or Appointments

- (f) No member of the Association shall be eligible to be a voting member for more than a combination of twelve annual or interim sessions of the Board, unless he is elected to the office of Vice-President in which case he shall automatically remain on the Board of Governors for three additional years from the time he becomes Vice-President.

This amendment if carried would limit the length of term of a Board member to 12 sessions of the Board. If the current pattern of two sessions per year continues, and if one has continuous service, a maximum of six years would be the total one could serve unless elected Vice-President. It does permit a member to take a break and leave the Board, returning later at the Corporate Body's discretion to continue serving providing 12 meetings have not been surpassed.

The Corporate Body proposing this amendment indicates that it permits flexibility, while not giving the potential for a virtually indefinite term of a member to serve on the Board they believe the first amendment permits. Naturally the timing of the "break" would be paramount if one wished to seek the office of Vice-President.

Summary:

Two proposed amendments have been put forth to the Board in accordance with Article XXVII of the Constitution and By-laws. In agreement with Article XVI, Section 4 - item (iii) of the Terms of Reference of the Council on Constitution and By-laws, your Council is "to draft or review with comment the text of all proposed amendments."

In the situation at hand, the Council is of the opinion that while both proposed amendments were submitted in good faith and both had merit, neither substantially improved the current Article VIII, Section 2 (f). While the current by-law could be open for some criticism, one amendment could possibly allow for a virtually indefinite term of some member to serve on the Board, while the other may be viewed by some as being too restrictive. The Council in reviewing all statements was of the opinion that the current one is the most satisfactory of the three.

In stating this, the Council believes that the Corporate Bodies in appointing their members to the Board do so in a conscientious manner and accept the intent of the by-laws as it is currently written. Appointments to the Board have been made to assist the CDA in meeting its objectives and the quality of the appointments has been exemplary under the current by-law, and no doubt would continue if either amendment was approved. The Council recognized the fact that the Board has the prerogative to proceed and consider either of the proposed amendments in accordance with article XXVII.

Having reviewed these proposals though,

RESOLVED:

90.87 **THAT Article VIII, Section 2 (f), not be amended at this time.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

5. Members of Council would like to express appreciation for the support provided by Mrs. Deziel and Mrs. Burton.

Respectfully submitted,

G.H. Peacock, Chairman
Council on Constitution
and By-laws

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Council on Constitution and By-Laws.

CURRENT

ARTICLE XI OFFICERS AND OFFICIALS

Section 3 - Roles and Responsibilities of the President-Elect

- (a) shall assist the President as requested in the performance of his duties.
- (b) shall serve as Acting President in the event that the office of the President becomes vacant.
- (c) shall be a member and Chairman of the Management Committee.
- (d) shall be responsible for the preparation of the budget and presentation of the financial statements to the Executive Council and subsequently to the Board of Governors.
- (e) shall succeed to the office of the President at the next annual meeting of Board of Governors following his term as President-Elect.

PROPOSED

ARTICLE XI OFFICERS AND OFFICIALS

Section 3 - Roles and Responsibilities of the President-Elect

- (a) shall assist the President as requested in the performance of his duties.
- (b) shall serve as Acting President in the event that the office of the President becomes vacant.
- (c) shall be a member of the Management Committee.
- (d) shall be responsible for the preparation of the budget and presentation of the financial statements to the Executive Council and subsequently to the Board of Governors.
- (e) shall succeed to the office of the President at the next annual meeting of Board of Governors following his term as President-Elect.

CURRENT

ARTICLE XI

OFFICERS AND OFFICIALS

Section 2 - Roles and Responsibilities of the President

- (a) shall be the Chief Elected Officer of the Association.
- (b) shall have the authority to act on behalf of the Executive Council and/or Board of Governors when necessary, in consultation with, and with the concurrence of, the majority of the membership of the Management Committee.
- (c) shall be the chief spokesperson of the Association.
- (d) shall be the Chairman of the Executive Council.
- (e) shall be a member of Management Committee.
- (f) shall serve as ex-officio member of all councils and committees of the Association.
- (g) shall report to all meetings of the Board of Governors and Executive Council.
- (h) shall make interim appointments to fill vacancies existing in all Councils and Committees.
- (i) shall be responsible for appointing special committees when necessary, in consultation with, and with the concurrence of, the majority of the membership of the Management Committee.
- (j) shall be responsible for calling sessions of the Executive Council and the Board of Governors.
- (k) shall sign official documents when required.
- (l) shall delegate his responsibilities for appropriate action when he is unable to fulfill some.
- (m) shall appoint the Chairman of all Councils and Committees as well as the Executive Liaison to the same, immediately following the Annual Meeting of the Board of Governors.
- (n) shall perform such other duties as may be provided in these By-Laws subject to Article IX, Section 6 and Section 8.
- (o) shall succeed to the office of the Past-President.

PROPOSED

ARTICLE XI

OFFICERS AND OFFICIALS

Section 2 - Roles and Responsibilities of the President

- (a) shall be the Chief Elected Officer of the Association.
- (b) shall have the authority to act on behalf of the Executive Council and/or Board of Governors when necessary, in consultation with, and with the concurrence of, the majority of the membership of the Management Committee.
- (c) shall be the chief spokesperson of the Association.
- (d) shall be the Chairman of the Executive Council.
- (e) shall be a member **and Chairman** of Management Committee.
- (f) shall serve as ex-officio member of all councils and committees of the Association.
- (g) shall report to all meetings of the Board of Governors and Executive Council.
- (h) shall make interim appointments to fill vacancies existing in all Councils and Committees.
- (i) shall be responsible for appointing special committees when necessary, in consultation with, and with the concurrence of, the majority of the membership of the Management Committee.
- (j) shall be responsible for calling sessions of the Executive Council and the Board of Governors.
- (k) shall sign official documents when required.
- (l) shall delegate his responsibilities for appropriate action when he is unable to fulfill some.
- (m) shall appoint the Chairman of all Councils and Committees as well as the Executive Liaison to the same, immediately following the Annual Meeting of the Board of Governors.
- (n) shall perform such other duties as may be provided in these By-Laws subject to Article IX, Section 6 and Section 8.
- (o) shall succeed to the office of the Past-President.

CURRENT

ARTICLE IX

EXECUTIVE COUNCIL

Section 7 - Roles and Responsibilities of the Executive Council

- (a) shall act on behalf of the Board of Governors establishing interim policies when the Board is not in session and where such action in the discretion of Executive Council is essential to the management of the Association, provided that such action must be reported to the Board within fourteen (14) days and presented by Executive Council for review at the next following session of the Board of Governors.
- (b) shall establish guidelines and policy related to the administration of the Association in consultation with the Executive Director.
- (c) shall have full discretionary powers to be published in or omitted from any official publication of the Association, any article in whole or in part, except the editorials written or approved by the editors.
- (d) shall be the trustees of all funds, properties and other assets of the Association.
- (e) shall report to each meeting of the Board of Governors.
- (f) shall provide the recommended agenda for each Board of Governors meeting and shall review all reports prepared for presentation and make recommendations concerning each report.
- (g) shall perform such duties as may be designated by the Board of Governors or this by-law.
- (h) shall ensure that a Management Planning Process and Priorities are established and carried out for the Association.
- (i) shall provide Executive Liaison to all Councils and Committees as deemed necessary.
- (j) shall appoint the Executive Director of the Association.
- (k) shall determine the date and place for convening each annual and interim meeting of the Association.
- (l) shall approve all clinics and exhibits in line with policies established by the Board of Governors.

CURRENT

ARTICLE IX

EXECUTIVE COUNCIL

Section 7 - Roles and Responsibilities of the Executive Council
(Continued)

- (m) shall cause to be bonded by a surety company all appointed officers and employees of the Association entrusted with Association funds.
- (n) shall ensure all accounts of the Association are audited by a certified chartered accountant at least once a year.
- (o) shall review the draft budget for carrying on the activities of the Association for each ensuing fiscal year and make recommendations on the budget to the Board of Governors.
- (p) shall submit a report of the Executive Council activities to each meeting of the Board of Governors and following each Executive Council meeting to submit a summary statement of the business of the meeting to the members of the Board of Governors.
- (q) shall annually recommend to the President, chairpersons of the councils except as exempt by the Constitution and By-Laws, from among membership of the respective council.
- (r) shall elect Honorary members pursuant to Article V, Section 4.
- (s) shall grant awards from time to time in accordance with the guidelines established by the Board of Governors.
- (t) shall act as trustees for all insurance, retention funds, surplus and reserve funds and shall determine the time and manner of distribution to the members participating in insurance plans.
- (u) shall authorize and approve all contracts, agreements or the disposition of funds relating to insurance and investment programs.
- (v) shall have the power to direct the President to call a special session of the Executive Council.
- (w) shall hold at least four regular sessions in each year.

PROPOSED

ARTICLE IX

EXECUTIVE COUNCIL

Section 7 - Roles and Responsibilities of the Executive Council

- (a) shall act on behalf of the Board of Governors establishing interim policies when the Board is not in session and where such action in the discretion of Executive Council is essential to the management of the Association, provided that such action must be reported to the Board within fourteen (14) days and presented by Executive Council for review at the next following session of the Board of Governors.
- (b) shall establish guidelines and policy related to the administration of the Association in consultation with the Executive Director.
- (c) shall have full discretionary powers to be published in or omitted from any official publication of the Association, any article in whole or in part, except the editorials written or approved by the editors.
- (d) shall be the trustees of all funds, properties and other assets of the Association.
- (e) shall report to each meeting of the Board of Governors.
- (f) shall provide the recommended agenda for each Board of Governors meeting and shall review all reports prepared for presentation and make recommendations concerning each report.
- (g) shall perform such duties as may be designated by the Board of Governors or this by-law.
- (h) shall ensure that a Management Planning Process and Priorities are established and carried out for the Association.
- (i) shall provide Executive Liaison to all Councils and Committees as deemed necessary.
- (j) shall appoint the Executive Director of the Association.
- (k) shall determine the date and place for convening each annual and interim meeting of the Association.

PROPOSED

ARTICLE IX

EXECUTIVE COUNCIL

Section 7 - Roles and Responsibilities of the Executive Council
(Continued)

- (l) shall cause to be bonded by a surety company all appointed officers and employees of the Association entrusted with Association funds.
- (m) shall ensure all accounts of the Association are audited by a certified chartered accountant at least once a year.
- (n) shall review the draft budget for carrying on the activities of the Association for each ensuing fiscal year and make recommendations on the budget to the Board of Governors.
- (o) shall submit a report of the Executive Council activities to each meeting of the Board of Governors and following each Executive Council meeting to submit a summary statement of the business of the meeting to the members of the Board of Governors.
- (p) shall annually recommend to the President, chairpersons of the councils and committees except as exempt by the Constitution and By-Laws, from among membership of the respective councils and committees.
- (q) shall elect Honorary members pursuant to Article V, Section 4.
- (r) shall grant awards from time to time in accordance with the guidelines established by the Board of Governors.
- (s) shall act as trustees for all insurance, retention funds, surplus and reserve funds and shall determine the time and manner of distribution to the members participating in insurance plans.
- (t) shall authorize and approve all contracts, agreements or the disposition of funds relating to insurance and investment programs.
- (u) shall have the power to direct the President to call a special session of the Executive Council.
- (v) shall hold at least four regular sessions in each year.



APPENDIX IV

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROM. ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

OFFICE OF THE EXECUTIVE DIRECTOR / CABINET DU DIRECTEUR GENERAL

M E M O R A N D U M

February 8, 1990

TO: Chairman and Members, Board of Governors
CEO's - Corporate Members
Chairman, Council on Constitution and By-Laws

FROM: Jardine Neilson, Executive Director

SUBJECT: NOTICE OF PROPOSED AMENDMENT TO THE
CDA CONSTITUTION AND BY-LAWS

Jardine

On January 24, 1990, the CDA received notice from the Ontario Dental Association requesting an amendment to the CDA By-Laws.

The CDA Executive Council has reviewed this request and has referred it to the Council on Constitution and By-Laws for comment and recommendation.

As required under Article 27 - Section 1 - Amendment of By-Laws, the proposed amendment is herewith circulated. Section 1 further requires "that a copy of the proposed amendments shall have been mailed to the Executive Director of the Association at least three months prior to the meeting of the Board of Governors at which action upon such amendments is proposed to be taken". Therefore, this memorandum will serve as notice of motion for a by-law amendment to be considered at the 1990 Annual Meeting of the CDA Board of Governors.

Attached as Appendix I are the current wording of Article 8 - Section 2 (f) and the amendment proposed by the Ontario Dental Association.

APPENDIX I

Encls.

/msg

810



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE EXECUTIVE DIRECTOR / CABINET DU DIRECTEUR GÉNÉRAL

MEMORANDUM

May 16, 1990

TO: Chairman and Members, Board of Governors
CEO's - Corporate Members
Chairman, Council on Constitution and By-Laws

FROM: Jardine Neilson, Executive Director / S. D. J.

SUBJECT: NOTICE OF PROPOSED AMENDMENT TO THE
CDA CONSTITUTION AND BY-LAWS

On May 14, 1990, the CDA received notice from the College of Dental Surgeons of B.C. requesting an amendment to the CDA By-Laws.

As required under Article 27 - Section 1 - Amendment of By-Laws, the proposed amendment is herewith circulated. Section 1 further requires "that a copy of the proposed amendments shall have been mailed to the Executive Director of the Association at least three months prior to the meeting of the Board of Governors at which action upon such amendments is proposed to be taken". Therefore, this memorandum will serve as notice of motion for a by-law amendment to be considered at the 1990 Annual Meeting of the CDA Board of Governors.

Attached as Appendix I are the current wording of Article 8 - Section 2 (f) and the amendment proposed by College of Dental Surgeons of B.C.

APPENDIX I

You may also wish to review the proposed amendment by the Ontario Dental Association forwarded to you on February 8, 1990.

Encls.

/msg

CURRENT

ARTICLE VIII

BOARD OF GOVERNORS

Section 2 - Elections or Appointments

- (f) No member of the Association shall be eligible to be a voting member of the Board of Governors for more than three consecutive terms of two years, unless he is elected to the office of Vice-President in which case he shall automatically remain on the Board of Governors for three additional years from the time he becomes Vice-President.

PROPOSED - ONTARIO

ARTICLE VIII

BOARD OF GOVERNORS

Section 2 - Elections or Appointments

- (f) No member of the Association may be eligible to be a voting member of the Board of Governors for any continuous span of time greater than three consecutive two year terms unless he is elected to the office of Vice-President in which case he shall automatically remain on the Board of Governors for three additional years from the time he becomes Vice-President.

* * * * *

PROPOSED - BRITISH COLUMBIA

ARTICLE VIII

BOARD OF GOVERNORS

Section 2 - Elections or Appointments

- (f) No member of the Association shall be eligible to be a voting member of the Board of Governors for more than a combination of twelve annual or interim sessions of the Board, unless he is elected to the office of Vice-President in which case he shall automatically remain on the Board of Governors for three additional years from the time he becomes Vice-President.

COUNCIL ON EDUCATION

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

MEMBERS: Dr. Gordon Thompson, Chairman, Edmonton
Dr. Robert Baker, Winnipeg
Dr. Donald Bonang, Halifax
Dr. Marcia Boyd, Vancouver
Dr. John Eisner, Halifax
Dr. Joel Epstein, Vancouver
Prof. Margery Forgay, Winnipeg
Dr. Helen Lyttle, Winnipeg
Dr. Jim Main, Toronto
Ms. Maureen Symmes, Edmonton

EXECUTIVE LIAISON: Dr. Bryun Sigfstead, Edmonton

OBSERVER: Dr. Mario Santangelo, ADA Council on Dental Education

COORDINATOR: Mr. Brian Henderson, Director, Professional Services/Education and Accreditation

1. Committee Meeting

The first meeting of the newly-constituted Council on Education took place in Ottawa, June 4-5, 1990.

ITEMS REQUIRING BOARD ACTION

2. Suggested Revision of Terms of Reference

The first order of business of the new CDA Council on Education was review of Council's Terms of Reference and general mandate. Some minor editorial changes were suggested for the Terms of Reference. Specifically, dental schools and the Association of Canadian Faculties of Dentistry now refer to educational programs for dental auxiliaries as allied dental education programs.

RESOLVED:

90.88 THAT the terminology "dental auxiliary education" which appears in sections i), ii), iii), iv) and v) of these duties be changed to read "allied dental education".

ADOPTED

The Board of Governors agrees, and directs the Council on Constitution and By-laws to prepare the necessary by-law amendments.

Section v) of the Duties of Council currently reads as follows: "To foster the development of conferences and resources (such as the Annual Teaching Conference and the Dental Aptitude Test) of benefit to the field of Dentistry, and dental, dental specialty and dental auxiliary education".

RESOLVED:

90.89 THAT Section v) of the Duties of Council be amended to read "To foster the development of conferences and resources (such as the Annual Teaching Conference and the Dental Aptitude Test) of benefit to dental, dental specialty and allied dental education."

ADOPTED

The Board of Governors agrees, and directs the Council on Constitution and By-laws to prepare the necessary by-law amendments.

Section vi) of the Duties of Council currently reads as follows: "To advise Council on Accreditation on issues of mutual interest".

RESOLVED:

90.90 THAT Section vi) of the Duties of Council be amended to read "To advise Council on Accreditation on issues of mutual interest (including accreditation standards and requirements)."

ADOPTED

The Board of Governors agrees, and directs the Council on Constitution and By-laws to prepare the necessary by-law amendments.

Finally there was a concern that liaison between the CDA Council on Education and the CDA Council on Accreditation should not be solely dependent upon staff or upon the coincidence of individuals holding membership on both Councils. It was felt that the Chairman of the Council on Education should be a voting member of the Council on Accreditation and vice versa.

RESOLVED:

90.01 THAT to expedite communication and liaison between the Council on Education and the Council on Accreditation the Chairman of each Council sit as a voting member on the other Council.

The Board of Governors disagrees, but suggests the Chairman attend meetings on an ad hoc basis with observer status.

3. Staggering of Membership Terms

As requested by the CDA Nominations, Awards and Trusts Committee, Council discussed how terms of appointment could be staggered to allow membership to change over time while still maintaining some continuity. It was noted that appointment of the Chairman of Council is an annual appointment and that the appointment of the Consumer Public Representative has not yet been made as this position will be named by the CDA Council on Accreditation when it holds its first meeting. The remaining members' first term have been staggered as indicated to end at the Annual Meetings in 1991 and 1992.

RESOLVED:

90.92 THAT the Board ratify the following terms of appointment:

<u>Member</u>	<u>First Term completed</u>
Dr. Gordon Thompson (CDA)	1991
Dr. Joel Epstein (CDA -Hospital & Inst. Dent.)	1992
Dr. Helen Lyttle (ACFD)	1992
Dr. John Eisner, (ACFD)	1991
Dr. Marcia Boyd, (ACFD)	1992
Prof. Margery Forgay, (ACFD/ Dent. Hyg.)	1991
Ms. Maureen Symmes, (ACFD/ Dent. Assist.)	1991
Dr. Robert Baker, (NDEB)	1992
Dr. Donald Bonang, (Prov. Licens. Autho.)	1991
Dr. Jim Main, (RCDC)	1992

ADOPTED

4. Report from the Dental Admissions Test Committee

Council learned, with regret, of the death of Dr. Judy Krupanszky, a member of the DAT Committee for over six years. Dr. Ian Bennett, Chairman of the Dental Admissions Test Committee asked Council to recommend that initiatives be taken to present Dr. Krupanszky's family with the CDA Certificate of Merit to recognize her invaluable contribution to the Committee.

RESOLVED:

- 90.93** **THAT the name of Dr. Judy Krupanszky be proposed to the Committee on Nominations, Awards and Trusts as a recipient of the Certificate of Merit from the CDA.**

ADOPTED

The Board of Governors receives as information, and refers the matter to the Nominations, Awards and Trusts Committee.

The fee schedule for honoraria granted to test administrators, assistant administrators and proctors has been thoroughly reviewed by the DAT Committee and increases proposed as follows.

RESOLVED:

- 90.94** **THAT the fee schedule be increased by \$10.00 for all groups and the minimum administrators fee be rounded to \$90.00.**

ADOPTED**5. Canadian Students in U.S. Faculties of Dentistry**

Council discussed data provided from the ADA Annual Survey Report listing the number of Canadians attending U.S. Dental Schools. Dr. Bennett notified Council that results of a questionnaire distributed by the DAT Committee to Canadian students enrolled in U.S. schools indicated that the ADA data may slightly underestimate the total number. Professor M. Forgay provided the Council with statistics demonstrating that a similar situation was developing in the field of dental hygiene; in 1986 there were 22 Canadians admitted to dental hygiene programs in the U.S. and in 1989 there the figure has risen to 111.

Council members were concerned that enrolment reductions at Canadian Faculties of Dentistry were rendered ineffective by such large enrolment in U.S. schools. It was also noted that Canadian Faculties of Dentistry which have decreased enrolment are now beginning to experience reductions in budget. Council accordingly directed that its discussion of this topic be brought to the attention of Executive Council.

RESOLVED:

- 90.95 THAT CDA consider the formation of a inter-organizational body which would be able to address, on a regular basis, issues which have broad impact upon the CDA, ACFD, NDEB, RCDC, CDHA, CDAA and Provincial Licensing Authorities.

The Board of Governors disagrees with the general intent, since CDA Management is currently meeting on an ad hoc basis with these groups and addressing current initiatives.

RESOLVED:

- 90.96 THAT CDA and its provincial corporate members adopt a policy of stronger advocacy of dental school support from provincial education departments.

ADOPTED

The Board of Governors agrees, and seeks recommendations from the Council on suggested approach.

6. Dental Hygiene Certification

Council received a report from Dianne Gallagher on the Canadian Dental Hygienists National Certification Examination proposal. It was noted that the certification examination takes as a point of departure the Dental Hygiene Competency Profile approved by the CDA Board of Governors and that the detailed proposal had been circulated to Dental Licensing Authorities several times during its development. Several minor changes in wording were suggested and Council members felt that CDHA should present the proposal to the CDA Council on Accreditation in November. It was also noted, however, that it would be an appropriate time to activate the CDA Council on Certification which had been recommended to the CDA Board of Governors in the report of the Task Force on Future Planning.

RESOLVED:

- 90.97 **THAT** the CDA Council on Certification proposed by the Task Force on Future Planning be activated; and

THAT the CDHA proposal for a national certification examination be referred to the new Council for review with the support of the Council on Education and a request from the Council to be kept informed of the progress of the document.

ADOPTED

The Board of Governors agrees with the intent of this proposal, but requests the CDA Council on Accreditation and the members of the Task Force on Future Planning to advise on the following:

- a) criteria under which CDA might formally recognize certification processes for dental assistants and dental hygienists
- b) a process, not requiring the establishment of a separate Council on Certification, leading to presentation of recommendations for such recognition to Executive Council.

7. **A National Standard for Level II Dental Assisting**

Council discussed problems created by the fact that there has been no national standard for Level II (intra-oral) Dental Assisting apart from "the lowest common denominator existing in any provincial jurisdiction". At this time, there appears to be widespread support for establishment of a national standard which would identify an "ideal" list of duties. On two occasions, discussions have been held with Provincial Dental Licensing Authorities to assist the development of such a list and extensive consultation has taken place with the Canadian Dental Assistants Association and the ACFD.

RESOLVED:

- 90.98 **THAT** the Canadian Dental Association approve the Competency Profile for Level II Dental Assisting as set out in Appendix I of this report as the national standard for Level II Dental Assisting.

ADOPTED**APPENDIX I**

8. Dental Hygiene Supervision Statement

Council understands that the CDA Committee on Community and Institutional Dentistry is proposing that an Ad Hoc Committee be established to further refine the CDA policy statement on Dental Hygiene Supervision. Council supports this proposal, but notes that the Ad Hoc Committee would benefit from the addition of a member with knowledge of the public health setting.

RESOLVED:

90.99 THAT the membership of the proposed Ad Hoc Committee to study the CDA supervision statement include a dentist familiar with public health dentistry and ideally in a position to liaise with the CDA Council on Education.

The Board of Governors receives as information, and refers the matter to the Management Committee.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

9. Continuing Education Committee

In 1988, a Continuing Dental Education Conference took place in Montreal under the chairmanship of Dr. Guy Boyer of the University of Montreal. The Conference was well attended by representatives of dental schools and dental licensing authorities from across Canada. The CDA Continuing Education Committee was requested to follow up on this successful Conference and plans are being developed for a workshop to be entitled "Maintaining Professional Competence - The Fundamentals". The workshop is being designed to be of interest to faculty in continuing education as well as provincial licensing authorities/registrars across Canada. It will be held September 19-20, 1991; the location of the Conference will be determined at the next meeting of the Committee. Kate MacDonald of Dalhousie University and Jane Wong of the University of British Columbia have been named co-chairmen of the workshop.

The Canadian Fund for Dental Education is being approached to consider a contribution to funding; specific dental manufacturers are also being approached and asked to consider donations as conference sponsors.

10. CFDE/CDA Teaching Conferences

The 1990 Teaching Conference on "Nutrition Education for Dental Professionals" is being offered October 19th and 20th at the Chestnut Park Hotel in Toronto. The Conference has been supported by CFDE with a \$10,000 grant and by Nutrasweet, who provided an additional \$10,000.

Council has approved the topic for the 1991 CFDE/CDA Teaching Conference; it will be "Problem Based Learning - A Teaching Tool". The date and location of this Teaching Conference have not been established at this time.

11. Curriculum Database Consortium

Dr. John Eisner reported to the Council on the development of a curriculum database consortium at the University of Buffalo which will develop a curriculum database of potential value to curriculum coordinators in Canadian Faculties of Dentistry, the Association of Canadian Faculties of Dentistry and the CDA and ADA accreditation processes. The CDA Director of Accreditation will have an opportunity to present input on how the database could meet the needs of the accreditation process and will attend a Symposium being planned for this purpose.

12. Receipt of Reports

Council received reports from the following organizations: National Dental Examining Board of Canada, Royal College of Dentists of Canada, Canadian Dental Assistants Association, Canadian Dental Hygienists Association, Canadian Fund for Dental Education, National Cancer Institute of Canada.

13. Date of Next Meeting

The 1991 meeting of the Council on Education will be held June 3-4, 1991 in Ottawa at the CDA Headquarters.

14. Conclusion

While this was the first meeting of the CDA Council on Education, individuals, like myself, who had the privilege of serving the CDA Council on Education and Accreditation are aware of the contribution in support of the accreditation process made by Mrs. Lorraine Emmerson, Coordinator of Accreditation. For the past five years, she has organized accreditation survey arrangements, coordinated the production of survey reports and served as Council Secretary. On behalf of both the current Council and its predecessor, I extend to her both best wishes and sincere thanks as she assumes new duties as the Executive Secretary of the Association of Canadian Faculties of Dentistry.

Respectfully submitted,

Gordon Thompson, Chairman
Council on Education

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Council on Education.

CANADIAN DENTAL ASSOCIATION NATIONAL COMPETENCY PROFILES
FOR LEVEL I AND LEVEL II DENTAL ASSISTING

Level I Dental Assisting

A national competency profile for Level I has been established and approved by the CDA Board of Governors. It includes all extra-oral procedures as well as Dental Radiography.

Level II Dental Assisting

It is proposed that a national Level II competency profile be developed and that procedures for Level II Dental Assisting be divided into two categories for purposes of the national standard; mandatory and optional. Educational programs meeting the Level II national standard will include instruction in all of the procedures listed in the mandatory category, as follows:

Mandatory:

- Dental Radiography
- Application and removal of rubber dam
- Taking of preliminary impressions for study casts
- Application of treatment liners (no pulpal involvement)
- Application of matrices and wedges
- Oral hygiene instruction
- Dietary counselling relative to dentistry
- Selective rubber cup polishing (as an adjunct to bonding, pit and fissure sealants or polishing of restorations)
- The application of anticariogenic agents.

Optional procedures which may be included within the curriculum of approved Level II programs include the following:

Optional:

- Application of pit and fissure sealants
- Application of topical anaesthetic
- Other selective rubber cup polishing
- Selected orthodontic dental assisting procedures
- Suture Removal
- Application of desensitizing agents

Educ.Cl./June 90

COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members of the CDSPI Board of Directors at the 11th of May, 1990, are:

Dr. D.W. Allen, Atlantic Provinces
Dr. G.F. Copithorne, British Columbia
Dr. J.M. Dillon, Manitoba
Dr. R. Markey, CDA
Dr. D. Montminy, Québec
Dr. R.L. Rasmussen, Alberta
Dr. R.R. Schiewe, Ontario
Dr. D. Wells, Ontario
Dr. R. Wenn, CDA

Members of the CDSPI Management Committee are:

Dr. J.E. Durran, Burlington - President
Dr. R.L. Moran, Toronto - Treasurer
Dr. M.D. Charendoff, Toronto - Secretary
Dr. J.N. Wright

Observers at the CDSPI Board are:

Dr. C.R. Hill, Saskatchewan
Dr. R. Sexton, Newfoundland
Dr. R.A. Turcotte, New Brunswick
Dr. G.S. Zwicker, Nova Scotia

This report includes all items of business which require Board action and all information which has become available since the March Interim Meeting of the CDA. CDSPI Board met on the 6th and 7th of April, 1990.

ITEMS REQUIRING BOARD ACTION

1. General Insurance Renewal

RESOLVED:

90.100 THAT for the Insurance year commencing the 1st of January 1991, the CDIP General Insurance Plans be renewed with the Guardian Insurance Company of Canada at the premiums quoted in the 1991 final report.

ADOPTED

NOTE: The two Governors representing the corporate member in Québec opposed this motion.

APPENDIX A

Accompanying this report as Appendix A are the relevant sections of the renewal report pertaining to premiums.

Other highlights of the report are as follows:

Malpractice premiums have been reduced slightly to reflect an improvement in experience, but, more importantly, CDIP participants are guaranteed that 1992 Malpractice rates will not increase by more than 6% and they are guaranteed coverage for 1992.

Comprehensive General Liability premiums have been reduced with maintenance of present coverage.

2. Excess Malpractice Liability Coverage for Ontario and Quebec Dentists

RESOLVED:

90.101 THAT excess Malpractice Liability Coverage be extended through CDIP to dentists in Ontario and Quebec, and;

FURTHER THAT the respective provincial and national organizations be approached for sponsorship.

ADOPTED

NOTE: The two Governors representing the corporate member in Québec abstained.

Since the CDIP premiums and coverage for this area of insurance are more than competitive with that presently being offered, it was agreed that it should be made available to those dentists who wished to avail themselves of this coverage through CDIP. Therefore, CDA Board approval of the above motion is requested.

3. Dentists' Staff Plan

RESOLVED:

90.102 THAT the current dentists' staff plan be altered as indicated in Appendix B(1) (appended), and;

FURTHER THAT the premiums for smokers and non-smokers, based on the age bands provided in Appendix B(2) (appended) be the premiums for the respective packages.

ADOPTED

NOTE: The two Governors representing the corporate member in Québec abstained.

APPENDIX B(1)
APPENDIX B(2)

These changes are recommended in order to provide more realistic coverage to the employees of dentists. The coverage limits on the previous plan were insufficient to meet many staff members's needs. Dentists are not eligible to participate in this plan.

4. Eligibility

RESOLVED:

90.103 THAT in relation to eligibility for office contents, practice interruption, general liability, malpractice and personal umbrella liability insurance, an individual must be a member in good standing of the CDA or a participating co-sponsoring provincial association in order to have these programs renewed on an annual basis. CDSPI should take the necessary verification steps to verify membership, the lack of which will produce a non-renewal letter for the 1st of January, following the date of verification.

ADOPTED

NOTE: The two Governors representing the corporate member in Québec abstained.

RESOLVED:

90.104 THAT eligibility for participation in the CDIP Life Plan be checked at the time of application processing and any new application not meeting the eligibility requirements be refused. Any continuing coverage for a non-eligible individual discovered at that time, or at the time of eligibility checking, will be prevented from obtaining any new life coverage or participating in any plan improvements for the Life Plan until such time as eligibility and membership is proven.

ADOPTED

NOTE: The two Governors representing the corporate member in Québec abstained.

RESOLVED:

90.105 THAT eligibility procedures relating to AD&D be the same as those for the general insurance plans.

ADOPTED

NOTE: The two Governors representing the corporate member in Québec abstained.

RESOLVED:

90.106 THAT eligibility for LTD and Office Overhead expense coverage be treated similarly to the Life coverage where eligibility is checked at the time of application and if an individual ceases to participate in the CDA or a co-sponsoring organization, their coverage is frozen and they cannot buy any new coverage or participate in future plan improvements unless they obtain proper membership status.

ADOPTED

NOTE: The two Governors representing the corporate member in Québec abstained.

Council is of the opinion that the above motions are reasonable and fair.

5. Disability Claims - Suitable Medical Care

RESOLVED:

90.107 THAT an amendment be drafted for the LTD and Office Overhead Expense plans of CDIP to properly address the suitable medical care wording and institute strict provisions that will encourage claimants to seek the necessary treatment and return to active practice.

ADOPTED

The Board of Governors agrees, with amendments subject to re-drafting of Appendix C.

NOTE: The two Governors representing the corporate member in Québec abstained.

Such wording will take the form similar to that as outlined in APPENDIX C (appended).

APPENDIX

Under the current contract for LTD and Office Overhead Expense, the wording indicates that, from a medical care standpoint, one only needs to be under "suitable medical care".

In some situations, there are individuals who are on claim with Metropolitan who are possibly not under the best "suitable medical care". Such specific cases could relate to anxiety and depression, where a psychologist or psychiatrist possibly should be involved.

Similarly, in substance abuse claims, there may be the need for extra continuing care which would result in earlier rehabilitation. Since this is good for the individual and for the plan, the foregoing recommendation is made.

6. CDIP - Children Only Coverage Dependents' Life

RESOLVED:

90.108 THAT when no dependents's life coverage is purchased

- a) because both spouses are dentists and participants in the basic Life Plan;
- b) where there is no spouse and the dentist is participating in the basic Life Plan; or
- c) where there is an uninsurable spouse;

Childrens' coverage may be purchased at the current maximum coverage and premium under CDIP and dual coverage will not be permitted.

ADOPTED

NOTE: The two Governors representing the corporate member in Québec abstained.

Council is of the opinion that this motion cleans up any inequities that currently exist in these situations under the Dependents' Life coverage.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. 1988 National Statistical Report

The 1988 National Statistical Report has been provided to the Executive Council of the CDA. The 1989 report should be available for CDSPI Board in August, and available to the CDA immediately thereafter.

A commentary has been developed which should improve the understanding and value of this document. Discussions will take place with the CDA as to the appropriate timing of this presentation.

2. CDSPI and EDI

CDSPI continues to be involved in this project and awaits the provision of completed specifications that will allow a DOMS owner to utilize EDI if so desired.

3. CDA RSP

The CDA net asset value of all funds as of the 1st of March, 1990, was \$122,240,373.00. This represents a 17% increase over the previous year. Total membership in the plan is 3,280 participants as compared to 3,154 participants in the previous year.

The performance of the RSP is being monitored on a continuing basis by TPF&C and the CDSPI Board and Management Committee. A quote from Laurentian Investment management's Vice-President, Frances M. Connelly, should provide an insight into this performance. - "We (Laurentian) are naturally very pleased with the performance results shown in TPF&C's report. For the last year, each of our funds has ranked in the first quartile of the measurement sample and only once in all of the results shown in the report has any fund ranked below median. This indicates that the CDA is receiving consistently superior investment management."

4. Update on Outstanding Legal Items relating to Imperial et Al.

Since the Interim Board Meeting, there have been no significant developments relative to this subject. The activity list presented at the time is being logically pursued.

5. Malpractice Insurance

The CDSPI Management Committee has been invited to make a presentation to the Executive Committee of the Royal College of Dental Surgeons of Ontario on the 22nd of June, 1990.

There is nothing further to report on this subject at this time.

Respectfully submitted,

J.E. Durran, D.D.S.
Chairman, Council on Insurance
and Investment
President, C.D.S.P.I.

FILING OF REPORT

The Board of Governors accepts with appreciation the report the Council on Insurance and Investment.

RATE SCHEDULE1991 GENERAL INSURANCE - RENEWAL COMPARISONS

	<u>Current Rates (1990)</u>		<u>Proposed Rates (1991)</u>	
	<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>
A. <u>OFFICE CONTENTS:</u>	<u>Per Provincial Schedules</u>		<u>Protected Rates Unchanged Unprotected Rates Deleted</u>	
<u>Valuable Papers</u> <u>(per \$1000)</u>	1.57	1.81	1.49	1.71
<u>Extra Expense</u> <u>(per \$1000)</u>	1.75	2.01	1.49	1.71
<u>Money & Securities</u> <u>(per \$1000)</u>	20.55	23.63	19.68	22.63
- \$500 Ded.	22.51	25.89	19.68	22.63
- \$250 Ded.				
<u>Dishonesty & Forgery</u> <u>(per \$1000)</u>	4.70	5.41	4.70	5.41
<u>Accounts Receivable</u> <u>(per \$1000)</u>	1.75	2.01	1.49	1.71
<u>Rental Value</u> <u>(per \$1000)</u>	1.57	1.81	1.49	1.71
<u>Additional Lease Expense</u> <u>(per \$1000)</u>	1.90	2.18	1.00	1.15

	<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>
B. <u>PRACTICE INTERRUPTION:</u>				
(per \$1000)				
	1.53	1.76	1.48	1.70
		(0-50,000)		(0-50,000)
	1.32	1.52	1.22	1.40
		(50,001+)		(50,001+)
C. <u>COMPREHENSIVE GENERAL LIABILITY:</u>				
\$1,000,000 inclusive	86.00	99.00	86.00	99.00
\$2,000,000 inclusive	121.00	139.00	104.00	119.00
\$3,000,000 inclusive	152.00	175.00	138.00	159.00
\$4,000,000 inclusive	174.00	200.00	158.00	182.00
\$5,000,000 inclusive	196.00	225.00	173.00	199.00
D. <u>PULP:</u>				
\$3,000,000 excess	114.00	131.00	No Change	
\$4,000,000 excess	131.00	151.00	No Change	
\$5,000,000 excess	143.00	164.00	No Change	

* Please Note: (Net + 15% = Gross)

The gross premiums proposed for 1991 have been rounded to the nearest dollar.

E. MALPRACTICE:

1990 PREMIUMS

	<u>\$500 Ded.</u>		<u>\$1000 Ded.</u>		<u>\$2000 Ded.</u>	
	<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>
1,000,000/						
3,000,000 aggregate	569.	654.	551.	634.	535.	615.
2,000,000/						
6,000,000 aggregate	645.	742.	626.	720.	611.	703.
3,000,000/						
9,000,000 aggregate	692.	796.	671.	772.	657.	756.
4,000,000/						
12,000,000 aggregate	728.	837.	706.	812.	691.	795.
5,000,000/						
15,000,000 aggregate	763.	878.	741.	852.	724.	833.

Auxiliaries:

1,000,000/			
3,000,000 aggregate	22.	25.	Not Available

* Please Note: (Net + 15% = Gross)

The gross premiums have been rounded to the nearest dollar.

E. MALPRACTICE:

PROPOSED 1991 PREMIUMS

	<u>\$500 Ded.</u>		<u>\$1000 Ded.</u>		<u>\$2000 Ded.</u>	
	<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>
1,000,000/ 3,000,000 aggregate	559.	643.	537.	617.	523.	601.
2,000,000/ 6,000,000 aggregate	603.	693.	578.	665.	563.	648.
3,000,000/ 9,000,000 aggregate	650.	747.	624.	717.	607.	698.
4,000,000/ 12,000,000 aggregate	685.	788.	657.	756.	641.	737.
5,000,000/ 15,000,000 aggregate	721.	829.	692.	796.	674.	775.

Auxiliaries:

1,000,000/ 3,000,000 aggregate	13.	15.	Not Available
-----------------------------------	-----	-----	---------------

* Please Note: (Net + 15% = Gross)

The gross premiums have been rounded to the nearest dollar.

DENTISTS' STAFF PLAN**Plan 1**

Earnings less than \$18,000 p.a.

Life Insurance	\$25,000
AD&D	25,000
LTD	750 per month

Plan 2

Earnings between \$18,000 - \$24,999 p.a.

Life Insurance	\$25,000
AD&D	25,000
LTD	1,000 per month

Plan 3

Earnings between \$25,000 - \$34,999 p.a.

Life Insurance	\$35,000
AD&D	25,000
LTD	1,300 per month

Plan 4

Earnings between \$35,000 - \$44,999 p.a.

Life Insurance	\$45,000
AD&D	25,000
LTD	1,500 per month

Plan 5

Earnings \$45,000 or more p.a.

Life Insurance	\$50,000
AD&D	25,000
LTD	2,000 per month

DENTISTS' STAFF PLANGross Annual Premium for PackageSMOKERS

<u>Age</u>	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>	<u>Plan 4</u>	<u>Plan 5</u>
Less than 25	\$ 80.82	\$ 95.62	\$121.96	\$142.38	\$176.20
25 - 29	91.58	109.04	139.76	163.36	203.11
30 - 34	106.01	126.84	163.22	191.38	238.71
35 - 39	127.15	152.59	197.45	232.09	290.91
40 - 44	179.02	216.39	281.91	332.70	417.85
45 - 49	246.73	296.00	388.73	461.74	577.12
50 - 54	343.03	407.67	538.89	644.33	800.42
55 - 59	403.90	477.70	633.29	759.43	940.50
60 - 64	525.92	606.49	810.91	983.14	1,198.02

NON-SMOKERS

<u>Age</u>	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>	<u>Plan 4</u>	<u>Plan 5</u>
Less than 25	\$ 76.62	\$ 91.42	\$116.16	\$134.93	\$167.92
25 - 29	85.88	103.34	131.76	153.01	191.65
30 - 34	97.91	118.74	151.91	176.75	222.57
35 - 39	115.95	141.39	181.85	211.94	267.83
40 - 44	161.62	198.99	257.62	301.37	383.07
45 - 49	217.53	266.80	347.88	409.16	518.74
50 - 54	295.93	360.57	472.92	559.59	706.29
55 - 59	347.30	421.10	554.07	657.44	827.19
60 - 64	456.02	536.59	713.06	857.28	1,058.22

DRAFT

"No benefits are payable for any period during which the claimant is not receiving active treatment from a physician specifically suited to treat his or her disability.

Notwithstanding the forgoing paragraph, a claimant may be entitled to benefits if he or she refuses treatment on religious grounds."

THE ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY
L'ASSOCIATION DES FACULTÉS DENTAIRES DU CANADA

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Association of Canadian Faculties of Dentistry continues to meet with the Executive and other members of the Canadian Dental Association to discuss the on-going mutual problems facing dentistry. We hope this continued cooperation will aid in the solving of the problems which we face.

Respectfully submitted,

Ralph I. Brooke, President
Association of Canadian
Faculties of Dentistry

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Association of Canadian Faculties of Dentistry.

CANADIAN DENTAL ASSISTANTS' ASSOCIATION

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Dental Assistants' Association welcomes this opportunity to report to the Board of Governors on the activities during this term of office.

1. The 1990 Board Meeting

The Board of Directors meeting of the Association will be held in Ottawa, Ontario, August 24-25. The Executive Committee will meet August 22-23. These will be taking place at the Westin.

2. CDA Council on Accreditation

It was reported last year that Mrs. Gaylene Smith was appointed to the newly revised Council on Accreditation. For the sake of continuity, until everything is in place, Mrs. Marlane Paquin will remain in this position until 1991.

3. National Board Exam

The Board exam is being developed by the Education Management Research Group (EMRG) in Vancouver, B.C. Test sites and examination fees are presently being set and the first sitting will take place by late June. This exam will be a vehicle for dental assistants to obtain a Level II license. For more information, contact the CDAA office.

4. Membership

The membership levy has only been implemented by the provinces of Saskatchewan, New Brunswick and Prince Edward Island. The CDAA is optimistic that the remaining provinces will realize the benefit of the levy system and join in.

The Canadian Dental Assistants' Association wishes to thank those provinces, affiliate associations, provincial licensing bodies and individuals who have generously donated to the National Board Exam. Without your support, this project would never have been realized.

Respectfully submitted,

Ellen McCloskey, CDA
President, CDAA

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Dental Assistants' Association.

CANADIAN DENTAL FOUNDATION

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Directors: Dr. Bradley Holmes, Kenora, Chairman
Mr. Ron Bonar, Toronto, Vice-President
Mr. Jardine Neilson, Ottawa, Secretary-Treasurer
Dr. Arthur Schwartz, Winnipeg
Dr. Doug Smith, Belleville
Dr. John Silver, Vancouver
Mr. Don Pamenter, Halifax

Coordinator: Martha Vaughan

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The CDF met on May 11, 1990 in Toronto to discuss its investment strategy and develop a mission statement with goals and objectives for fundraising.

1. A representative from the RB Dominion Securities met with the Board of Directors to review the terms of the investment contract between the two parties. The authorization documents were signed by the Management Committee of the CDF and the Langstaff bequest was transferred into the new investment account.
2. The first draft of the Mission Statement for the CDF was developed by the Directors which will be finalized, along with goals and objectives at the time of the next meeting. A copy of the Mission Statement and objectives was distributed at the CDA Board.

APPENDIX I

3. The Directors agreed to have the legal counsel for the Foundation draw up an agreement between the CDA and the CDF over the operations of the library.
4. The CDF granted the sum of \$17,000.00 to the CDA's Library Trust Fund for 1990-91 for the purchase of books, journals and non-print materials for the collection.
5. The draft audit for 1989 was review and a final copy is appended.

APPENDIX II

6. The Chairman and Directors of CDF wish to thank Martha Vaughan for her dedication and direction. Being staff person responsible for CDF has been an additional responsibility which she has accepted graciously. We are indebted to her for her cheerful support.

Respectfully submitted,

Bradley W. Holmes, Chairman
Canadian Dental Foundation

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Dental Foundation.

MISSION STATEMENT
CANADIAN DENTAL FOUNDATION

To raise, manage and distribute funds to support projects which will advance the science of dentistry, and contribute to the oral well-being of Canadians.

INVESTMENT OBJECTIVES

As of June 1990, the Langstaff bequest was held at the TD Bank and the funds were rolled-over on an average of thirty days into bankers' acceptance notes. The interest earned on the account in 1989 was \$230,000.00.

The Foundation's Board decided to investigate other investment groups in order to develop an investment strategy to maximize the yield of the bequest money, with minimal risk.

In the fall of 1989, the Management Committee of the CDF reviewed presentations from seven of the largest investment brokerage houses in Canada. It was agreed, that RBC Dominion Securities had the most experience in managing foundation accounts.

In June 1990, the CDF established an account with RBC Dominion Securities for 1.8 million dollars, and the following investment strategy was developed:

- a. a minimum of 70% of the funds should be invested in Canadian fixed income securities with single 'A' credit rating.
- b. a maximum of approximately 25% of the fund should be invested in fixed income securities with maturities equal to and/or greater than ten years.
- c. approximately 35% of the fund should be invested in full-coupon, short to mid-term fixed income securities.
- d. a maximum of approximately 30% of the fund should be invested in Canadian and U.S. convertible preferreds and common stocks.

The estimated income for 1990 will be \$225,000.00, based on market conditions.

APPENDIX II

CANADIAN DENTAL FOUNDATION

FINANCIAL STATEMENTS

DECEMBER 31, 1989

LA FONDATION DENTAIRE CANADIENNE

ETATS FINANCIERS

31 DECEMBRE 1989

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSOUR, B.ADMIN. C.A.
BLAIR E. DAVIDSON, B.COMM. C.A.
G. WARREN TRICKEY, B.COMM. C.A.
ROBERT D. SHANTZ, B.MATH. C.A.

CONSULTANT - ELDREN E. MCCONNELL, C.A.

330 McLEOD ST.
OTTAWA, ONT.
K2P 2C5
(613) 238-2367
1 (800) 267-8551
FAX: 238-5041

AUDITORS' REPORT

To the Trustees,
Canadian Dental Foundation.

We have examined the balance sheet of the Canadian Dental Foundation as at December 31, 1989 and the statements of equity and revenue and expenses for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Foundation as at December 31, 1989 and the results of its operations for the year then ended in accordance with generally accepted accounting principles.

McCay, Duff & Co.

Chartered Accountants.

Ottawa, Ontario,
February 28, 1990.

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSOUR, B.A.D.M., C.A.
BLAIR E. DAVIDSON, B.COMM., C.A.
G. WARREN TRICKEY, B.COMM., C.A.
ROBERT D. SHANTZ, B.MATH., C.A.

CONSULTANT : ELDREN E. MCCONNELL, C.A.

330 MCLEOD ST.
OTTAWA, ONT.
K2P 2C5
(613) 236-2387
1 (800) 267-8551
FAX: 236-5041

RAPPORT DES VERIFICATEURS

Aux administrateurs,
La Fondation Dentaire Canadienne.

Nous avons vérifié le bilan de la Fondation Dentaire Canadienne au 31 décembre 1989 ainsi que l'état de l'avoir et l'état des recettes et dépenses de l'exercice terminé à cette date. Notre vérification a été effectuée conformément aux normes de vérification généralement reconnues, et a comporté par conséquent les sondages et autres procédés que nous avons jugés nécessaires dans les circonstances.

A notre avis, ces états financiers présentent fidèlement la situation financière de la fondation au 31 décembre 1989 ainsi que les résultats de son exploitation pour l'exercice terminé à cette date selon les principes comptables généralement reconnus.

McCay, Duff & Co.

Comptables Agréés.

Ottawa (Ontario)
28 février 1990.

CANADIAN DENTAL FOUNDATION

BALANCE SHEET

AS AT DECEMBER 31, 1989

ASSETS

CURRENT

Cash	\$ 88,829
Investments	1,877,941
Accrued interest receivable	7,191
Due from Canadian Dental Association	<u>7,343</u>
	<u>\$1,981,304</u>

LIABILITIES

CURRENT

Accounts payable	\$ 2,000
------------------	----------

EQUITY

SURPLUS	<u>1,979,304</u>
	<u>\$1,981,304</u>

Approved on behalf of the Trustees:

LA FONDATION DENTAIRE CANADIENNE

BILAN

AU 31 DECEMBRE 1989

ACTIFS

ACTIFS A COURT TERME

Encaisse	88 829 \$
Placements	1 877 941
Intérêts courus à recevoir	7 191
L'Association Dentaire Canadienne - compte à recevoir	<u>7 343</u>
	<u>1 981 304 \$</u>

PASSIFS

PASSIFS A COURT TERME

Comptes à payer	2 000 \$
-----------------	----------

AVOIR

EXCEDENT

1 979 304

1 981 304 \$

Approuvé au nom des administrateurs:

CANADIAN DENTAL FOUNDATION

STATEMENT OF EQUITY

FOR THE YEAR ENDED DECEMBER 31, 1989

BALANCE - BEGINNING OF YEAR	\$ -
Receipt of net Langstaff Estate Bequest	1,859,280
Excess of revenue over expenses for the year	<u>120,024</u>
BALANCE - END OF YEAR	<u>\$1,979,304</u>

LA FONDATION DENTAIRE CANADIENNE

ETAT DE L'AVOIR

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1989

SOLDE - DEBUT DE L'EXERCICE	-	\$
Recette du "Langstaff Estate Bequest" net	1 859 280	
Excédent des recettes sur les dépenses pour l'exercice	<u>120 024</u>	
SOLDE - FIN DE L'EXERCICE	<u>1 979 304</u>	\$

CANADIAN DENTAL FOUNDATION

STATEMENT OF REVENUE AND EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1989

REVENUE	
Bequests	\$ 90,938
Interest	<u>231,797</u>
	322,735
EXPENSES	
Grant - library operating costs	127,850
- library equipment	25,175
Meetings - travel and accomodation	13,641
- per diems	1,859
Professional fees - legal	11,276
- accounting/auditing	2,900
Consulting fees	9,956
Administration fees	7,908
Miscellaneous	<u>2,146</u>
	202,711
EXCESS OF REVENUE OVER EXPENSES	
FOR THE YEAR	<u>\$120,024</u>

LA FONDATION DENTAIRE CANADIENNE

ETAT DES RECETTES ET DEPENSES

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1989

RECETTES

Legs	90 938 \$
Intérêts	<u>231 797</u>
	322 735

DEPENSES

Subvention - coûts d'exploitation de la bibliothèque	127 850
- équipement de bibliothèque	25 175
Réunions - voyage et logement	13 641
- journalières	1 859
Frais professionnels - juridiques	11 276
- comptabilités et vérifications	2 900
Frais de conseils	9 956
Frais d'administration	7 908
Divers	<u>2 146</u>
	202 711

EXCEDENT DES RECETTES SUR LES

DEPENSES POUR L'EXERCICE 120 024 \$

CANADIAN DENTAL FOUNDATION

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1989

1. SIGNIFICANT ACCOUNTING POLICIES

(a) Organization

The Foundation was incorporated under the Canada Corporations Act, on April 18, 1988 and commenced active business operations on January 1, 1989.

(b) Basis of Accounting

Revenue and expenses are recorded on the accrual basis, whereby they are reflected in the accounts in the period in which they have been earned and incurred respectively, whether or not such transactions have been finally settled by the receipt or payment of money.

2. STATEMENT OF CHANGES IN FINANCIAL POSITION

This statement has not been prepared as management is of the opinion that it would not provide additional useful information.

LA FONDATION DENTAIRE CANADIENNE

NOTES COMPLEMENTAIRES

31 DECEMBRE 1989

1. PRINCIPALES CONVENTIONS COMPTABLES

(a) Organisation

La fondation fût incorporé sous l'Acte d'incorporation du Canada, le 18 avril 1988 et commença son exploitation actif d'affaires le 1 janvier 1989.

(b) Méthode de la comptabilité d'exercice

Méthode qui consiste à tenir compte des produits et des charges découlant des opérations d'un exercice lorsque les produits sont gagnés et les charges engagées, sans considération du moment où les opérations sont réglées par un encaissement ou un décaissement ou de toute autre façon.

2. ETAT DE L'EVOLUTION DE LA SITUATION FINANCIERE

Cet état n'a pas été préparé puisque la direction est de l'avis que cela ne fournirait aucunes informations complémentaires utiles.

CANADIAN DENTAL HYGIENISTS' ASSOCIATION

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. CDHA Executive 1990-91

Members of the CDHA Executive Council for 1990-91 are:
President: Myna Frizell, Alberta; President Elect: Terry Mitchell, Nova Scotia; 1st Vice President: Lorraine Boomhour, Ontario; Immediate Past President: Henry King, British Columbia.

2. 1990-91 Meetings

August 24-25	CDA Annual Meeting - Ottawa
August 25-26	Executive Council - Ottawa
September	Executive Council - Edmonton
October	Executive Council - Edmonton
November	Executive Council - Edmonton
January 17-20	Planning Session - Board of Directors - Ottawa
January 21-22	Executive Council - Ottawa
February	Executive Council - Edmonton
March 1-4	Executive Council - Ottawa
April 10-11	CDHA/ADHA Liaison Meeting - Ottawa
April 12-13	CDA Interim Meeting - Ottawa
April	Executive Council - Edmonton
May	Executive Council - Edmonton
June 6-8	Professional Conference - Moncton
June 9-11	Annual Session - Board of Directors - Moncton

3. CDHA Strategic Planning

As an outcome of the strategic planning and restructuring of the CHDA, at the 1990 Annual Session Goals and Objectives were ratified for the Board of Directors, Executive Council, Central Office, Public Relations Council, Member Services Council, Professional Development Council and Practice and Regulation Council.

4. Practice Standards Workshops

Based on the Clinical Practice Standards for Dental Hygienists in Canada, Part Two of the Report of the Working Group on the Practice of Dental Hygiene, a series of seven continuing education workshops have been conducted in Winnipeg (pilot), Hamilton, Thunder Bay, Moncton, Victoria, Halifax and Regina. An evaluation of the effect of the workshops on dental hygiene practice is currently underway. Future workshops will be promoted through contact with provincial associations, dental hygiene education programs and the Probe.

5. Professional Conference

The Professional Conference held in Winnipeg June 21-23, 1990, in conjunction with the University of Manitoba School of Dental Hygiene 25th Anniversary was deemed by the Board of Directors to be a success. As a result, a second Professional Conference is planned for Moncton, New Brunswick June 6-8, 1991.

6. National Dental Hygiene Campaign

National Dental Hygiene Week will be held October 14-20 1990 to coincide with the American Dental Hygienists' Association Campaign.

7. Dental Health Month

CDHA Public Relations Council has met with Linda Teteruck to discuss the future involvement of CDHA in the CDA's dental Health Month campaign. A letter has been forwarded by Executive Council to CDA indicating a willingness to work with CDA and outlining the nature of the relationship under which CDHA would be willing to participate.

8. CDHA Office Space

To meet the growing needs of the association, CDHA has acquired a larger office space. Our new office is located in the same building, therefore our current address will not change.

9. Policy on Corporate Sponsorship

At the Annual Meeting of the Board of Directors on June 25th, 1990, the following policy on Corporate Sponsorship was adopted:

CDHA actively seeks corporate sponsorship as a source of revenue to:

- 1) Fund oral health promotion projects
- 2) Promote the role of the dental hygiene profession in health promotion
- 3) Augment member services beyond that which can be supported by membership fees.

Acceptance of corporate sponsorship:

Does not imply CDHA product endorsement, as CDHA does not evaluate products.

Shall not influence decisions regarding publication of scientific research.

10. Position Statement on Dental Health Month and National Dental Hygiene Campaign

Passed by resolution at the Annual Meeting on June 25th, 1990, that CDHA adopt the following position statement on Dental Health Month and National Dental Hygiene Campaign:

The CDHA supports participation in Dental Health Month as a means to promote oral health in collaboration with other health professionals to contribute toward the oral health of the public.

CDHA's National Dental Hygiene Campaign provides a means to promote the profession of dental hygiene and to increase awareness of the role of the dental hygienist in contributing toward the oral health of the public.

11. Policy on Collaborative Practice

At the Annual Meeting on June 25th, 1990, CDHA adopted the following policy re: Collaborative Practice:

In the best interest of the oral health of the Canadian public, CDHA supports the delivery of care through a collaborative practice model in which the dental hygienist proposes and provides the dental hygiene care component within the comprehensive oral health plan.

Respectfully submitted,

Myrna Frizell, President

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Dental Hygienists' Association.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Board of Trustees: Dr. Ted Ramage, Chairman
Mr. Robert Cajolet, Vice-Chairman
Dr. Gordon Thompson
Dr. Louis Bernier
Dr. David Singer
Mr. Lee Maddison
Dr. Donald O'Connor
Dr. Bill Sharun
Dr. Arnold Steinbart
Dr. Greg Baird
Mr. Jardine Neilson, Ex-officio

Executive

Secretary: Mrs. Julie Hentschel

1. Meetings

Since reporting to your Board's 1990 Interim Meeting, CFDE has held its Annual Board of Trustees Meeting, which took place in Ottawa on April 29-30, 1990. We are pleased to have this opportunity to report on the Trustees' deliberations and CFDE's activities since our last report.

ITEMS REQUIRING BOARD ACTION

2. The Board of Trustees will lose two valuable members this year due to attrition. Mr. Robert Cajolet, representative of dental industry; and Dr. Louis Bernier, representative of Québec, will be completing their terms of office at the end of September. CDA's approval of their replacements is sought.

RESOLVED:

90.109 THAT Mr. Arthur Zwingenberger, representing dental industry, be appointed to the CFDE Board of Trustees.

THAT Dr. Robert Dupont, of Montréal, Québec be appointed to the CFDE Board of Trustees.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**3. Plans for 1990**

You will all be familiar with the Fund's accomplishments in 1989 as described in the Annual Report which was published as a supplement to the April issue of the Journal of the Canadian Dental Association. My remarks, therefore, will focus on the decisions made by the Trustees for the benefit of dentistry in 1990 and beyond.

We were pleased to report a substantial increase in contributions this past year. Total receipts climbed to an unprecedented \$336,634 in 1989, due in part to the increase in the number and level of dentists' contributions, and to the increased support from dental industry. The CFDE also benefitted from a very welcome and substantial donation from the estate of the late Dr. James Oscar McCutcheon.

The Board is again grateful to Dr. Marcia Boyd and Dr. John Eisner, for the promotion of CFDE amongst the faculty members. We commend Dr. Eisner for his hard work in establishing a Faculty Challenge amongst all dental faculties and auxiliary schools in 1990. The Challenge attributed to a \$900. increase in faculty donations, and we hope to see a further increase in 1991.

At our Board meeting of April 29-30, 1990, the Fund approved a total \$234,923 in aid of dental education and awareness for 1990; an 8% increase over 1989.

1. Once again this year, CFDE is providing unrestricted grants of \$1,500, upon submission of a report on how the previous year's money was spent, to each of the ten dental schools.
2. The Board has provided its direct support of undergraduate students to \$2,000 per dental school. These grants are still to be used for scholarships, awards or prizes to two dental students per faculty. A requirement in the granting of these funds is that the CFDE receive appropriate recognition, preferably at an awards ceremony.

3. The 1990 ACFD Deans' Institute, held in February in Barrie, Ontario, received support in the amount of \$42,000. The CFDE has continued to fund the Summer Teaching Management Institutes of which the Deans' Institute is a component. We have received numerous letters of praise from participants and we are delighted to be associated with this worthwhile program.
4. \$10,000 has been allocated to the 1990 Teaching Conference on "Nutrition in Dentistry".
5. \$10,000 has been allocated for Dr. Arthur Williams' "Dentistry Faces Addiction: How to be part of the Solution" paper to be published in the CDA Journal in the Fall of 1990.
6. A total of \$26,000 was allocated for teacher/researcher training fellowships. Nine dentists and two dental hygienists were selected for support this year.
7. The Dental Students' Table Clinics and Students' Conference will be supported again with grants of \$11,000 each.
8. A total of \$45,000 has been allocated in 1990 for programs to increase public demand for dental health care.
9. The income from the Lorne E. MacLachlan Endowment Fund of \$15,723 will again this year be divided equally among the dental faculties at Toronto, Western Ontario, McGill and Dalhousie to benefit the prosthodontics departments, in accordance with the revised terms governing the endowment.
10. The Murray McDonald Memorial Lecture will be held in August at the CDA Convention in Ottawa. Mr. Mike Duffy will be this year's speaker. We are pleased to continue sponsoring this Memorial Lecture to commemorate CFDE's former Executive Director.
11. The RCDCE Examiners' Workshop has received \$5,000 in support for 1990.
12. 1990 has seen the establishment of the Nicholas A. Mancini and the G.W. Barrett Endowment Funds for dental and dental hygiene students in financial difficulty. Two students received assistance this year from these two endowments.

Appreciation

It has been a pleasure to present this report on behalf of the CFDE. I would like to thank all of the Trustees I have had the pleasure of working with over this past year, for their invaluable assistance.

In the early part of 1989, the CFDE underwent a complete change of administrative staff. Mrs. Julie Hentschel, Executive Secretary to the Fund, through hard work and dedication, has assured the continued growth and success of the Fund.

In summary, I can only add that, in order for CFDE to continue its assistance to the many worthwhile projects it contributes to, we need your support in 1990.

Respectfully submitted,

T.E.M. Ramage, D.D.S.
Chairman, CFDE Board
of Trustees

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Canadian Fund for Dental Education.

THE ROYAL COLLEGE OF DENTISTS OF CANADA

REPORT TO THE 1990 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

Examinations

The following represents the number of candidates for the Membership and Fellowship examinations being held May/June, 1990 as at the time of writing this report:

	<u>Fellowship</u>	<u>Membership</u>
Dental Public Health	1	-
Oral and Max. Surgery	3	6
Oral Radiology	-	2
Orthodontics	-	1
Periodontics	1	4
	----	----
	5	13
	----	----

Written examinations on May 4th are being held in California, Vancouver, Edmonton, Winnipeg, Toronto, and Québec City, with the Membership orals and Fellowships on June 16th in Edmonton, Toronto and Montréal.

Successful examinees will be admitted to the College at the Convocation to be held in Ottawa on Sunday, August 26, together with 4 new Fellows and 7 new Members from the December, 1989 examinations.

Council and Officer Vacancies

The second 3-year term of office on Council of Dr. Claude Baril, representing Orthodontics, will be expiring this year, and he may not be elected to a third term. Nominations from that specialty section of the College have been called for and the election of Dr. Baril's successor will be held in June.

The second three-year terms of Chief Examiners Dr. Ian D. F. Schofield, Oral and Maxillofacial Surgery, and Dr. Ron F. Mullen, Orthodontics, will also be expiring on December 31, 1990, and recommendations for their successors will be made at the annual meeting of Council for approval in August.

Dr. Don W. Lewis, Toronto, has accepted the position of Chairman of the College's Credentials Committee for a three-year term effective January 1, 1990.

Dr. Richard Stapleford, Oral and Maxillofacial Surgeon, Windsor, was elected by acclamation to fill the vacancy left on the College's Council when Dr. Guy Maranda, Québec, was elected Vice President last August. Dr. Stapleford will represent the OMFS section, and his term of office is from 1989-1992, renewable once for a further three years.

In my report to the Interim meeting of the CDA Board earlier this year, I stated that Dr. David Banting had accepted the position of Chief Examiner in Dental Public Health. Unfortunately for Canadian dentistry Dr. Banting has accepted a post with the National Institute for Dental Research in Bethesda, Maryland, effective July, 1990, and he therefore had to withdraw from the Chief Examiner position. Dr. H. Jack Hann has graciously accepted our request that he stay on as Chief Examiner in the specialty until another appointee can be submitted to Council for approval.

Workshop for Examiners

A very successful first-time Workshop for College Examiners was held on the week-end of April 21-22, 1990. It was attended by 40 people, including examiners from each of the College's ten specialty areas, and observers from the CDA Council on Accreditation and the National Dental Examining Board of Canada. The Workshop was supported in part by the Canadian Fund for Dental Education by means of a generous grant.

The three psychometrists who led the Workshop - Drs. Robert Cohen, Richard Reznick and Arthur Rothman, who are all attached to the Faculty of Medicine at the University of Toronto - will work with the College's Examiner-in-Chief, Dr. Keith Titley, to develop a handbook which will be available for use by all College examiners.

The College expects the outcome of this Workshop will be the development of a uniform standard of examination requirements and content between each specialty and examining session, as well as the development of examination evaluation techniques which will be able to be used across the board on a continuing basis.

K.J. Paynter Memorial Symposium, August 28, 1990

This Symposium is held every other year in conjunction with the CDA's Scientific Program, and we have been fortunate in obtaining the services of several College Fellows, Members and an eminent guest from those specialties involved in dental aesthetics. The full program is included in the CDA's registration package.

Respectfully submitted,

Charles G. Baker, President

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Royal College of Dentists of Canada.

